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THE
PATIENT'S VIEW
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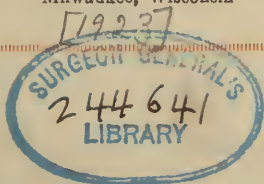
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THE PATIENT'S VIEW POINT

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The Bruce Publishing Company
Milwaukee, Wisconsin



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1923

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PREFACE



THE following pages were prepared for the purpose of meeting what appears to be a vital need in the medical world of today, namely, a reconsideration of fundamental truths.

We find ourselves concentrating our attention upon the disease, to the exclusion of the suffering patient. The unwise employment of exhaustive laboratory methods to the exclusion of the personal attention and suggestive therapeutics which the sick require, coupled with the small result often obtained, drives our patients to the exponents of the various pathies. Here they find that which they crave, a recognition of their personality, satisfaction for the mental distress which they experience and treatment for the symptoms of which they complain.

These conditions exist and cannot be ignored. Shall we allow the enemy of the legitimate physician to invade the sacred precincts of the practice of medicine, using as his entering wedge an aspect in the care of the sick which we have come to ignore; or shall we, true to our trust, treat our patient as a man who is sick, instead of looking upon him merely as the possessor of an interesting disease?

In our consideration of the patient's viewpoint we must penetrate more deeply than the mere visual requirements which such an angle might imply. The patient's viewpoint comprises primarily his "best interests," the consideration due him, which is by virtue of his lack of medical training beyond his ken. The patient's viewpoint can only be adequately embraced by a medical mind, endowed with the patience to return to its pre-medical point of view.

For each error which the author ventilates, a remedy is offered which experience has shown will heal the wounds to which it is applied.

Men have enjoyed the isms of the faddists as intellectual recreation. The World War, however, brought out the inadequacy of a fad as death's companion and men are reaching for essential truths.

The natural process by which materialism is acquired in the medical school is set forth in the first chapter. The rational "Remedy" is then suggested. "Intramural Life before Graduation" develops the idea of the spiritual faculty as evident in obstetrics. "The Transition" considers the student as we find him, married, engaged or single, and suggests that the theory of evolution is still a matter far from being generally accepted. A comparison is drawn

between the ward and the private case. The organized speed of the institution which acts to endanger the patient is pointed out. The outstanding characteristics of the civil hospital and that under religious control are set forth. The "Flotsam and Jetsam" of human life are considered. The difference between the "General Practitioner" and the "Specialist" is pointed out. The possible relations existing between "Doctor and Nurse" are mentioned and the question of "Professional Fees" is discussed. The last chapter shows the ultimate result of pure materialism and rehearses the reasons at our disposal for the maintenance of a practical Monotheism.

It may be argued that profound questions have been dealt with superficially and dogmatically. In reply, the reader will be reminded that these pages are not intended to represent a comprehensive metaphysical point of view. The philosophy and the Theism introduced are but the high lights of sciences which are as vitally alive today as in the days of Socrates, Aristotle and St. Thomas Aquinas. The mysticism evinced finds its source in the font from which Dante Alighieri drew his inimitable "Divine Comedy."

In submitting this little book the author is well aware that it may be construed as

ammunition for the enemy. It may be pointed out, however, that the errors exposed are not born of malice or deliberate design. They are the normal reactions of human nature under pressure. To make them known is to cure them.

By the permission of my publisher, The Bruce Publishing Company, practically all of this book appeared as a serial in the Hospital Progress magazine, before being offered in its present form.

The author wishes to thank those who have read his manuscript, first, for their aid, and secondly, for their willingness to remain unknown. He has quoted the writings of Sir Bertram Windle, Bernard Otten and Canon Moyes with such freedom that he may quite properly be accused of plagiarism.

Finally, he is at a loss to determine how he shall repay his publishers for their many uncalled for acts of thoughtful courtesy.


P. J. F.

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Chapter I

DISILLUSIONMENT

S WE gaze back through the long vista of our years to the sunlit days of childhood, one figure, one personality stands in sharp relief—the doctor. We see him as the herald of life and as the messenger of death. It was he who brought the new baby. It was he who closed the eyes of our departed in everlasting sleep. We believed that recovery from disease came through his experience and skill, and that infirmities, which persisted for an undue time, were by their very nature not to be got rid of.

We took note of the respect which our parents manifested, and concluded in our youthful minds that the doctor was certainly as noble and exalted as the clergyman. We could see and feel the result of the former's labors, and since we knew him to be a constant attendant upon birth and death, we felt that he must of a certainty, be familiar with the secrets of these states.

As we advanced in our teens and pure science became part of our daily lives, we learned to explain all things on a basis of physics, chemistry or upon the smattering of biology which we managed to acquire. Our respect for the doctor grew under these circumstances and religion for the most part

atrophied through disuse, retreating into the background of our lives as a mass of filmy speculations whose very conclusions were rather uninteresting.

When the question of our life work loomed up before us demanding our immediate and undivided attention, what was more natural than that we should turn to medicine as our ideal. For was it not magnificent in its lofty concepts and, from a point of view of livelihood, entirely satisfactory? We were rather curious regarding our ability to witness pain and to relieve it, but that was all.

Our attitude toward the supernatural fell back upon our early training. We passively accepted old dogmas because they were probably true and because we knew of no reason why we should show them disrespect. Our faith was respected as was our old china or our old books. We were neutral in regard to spiritual things, since they held little of real practical interest for us. The fact that many persons gave their lives in the service of religion was one of the strange phenomena of life which we were satisfied to leave unsolved.

At last our hopes were realized! We became matriculated medical students. Who

will forget the intense satisfaction experienced when he found himself addressed as "doctor" by the college door-man, whose chief aim in life seemed to be to sell as many textbooks as possible! That title, which had always meant so much, was being applied to us in anticipation of our distant goal. And then again, there was always a small stir in the boarding-house dining-room when the "doctor" entered. We were very fond of these little attentions and usually quite ready to ventilate views on matters medical. Our intense admiration for the work which we had undertaken, showing itself in so many small vanities, excluded the possibility of any incompleteness in the knowledge which was being imparted to us. Within the four walls of the college which we attended was to be found all truth, or at least all truth which really mattered.

A new language was to be learned. Henceforth our conversations would be in terms of anatomy, histology, physiology, embryology, or pathology. Thousands of new terms must become familiar. We did not appreciate the magnitude of our task for our attention was continually focused upon the preparation of the next day quiz.

We soon learned that all human beings were so much alike; that bony structures, muscles, blood vessels and nerves were named and could be located with more or less ease. But who can forget the shock, and one might almost add embarrassment, with which we made our first excursion into the dissecting room to desecrate, as we felt, the naked body of some dead man or woman. We ascribed our emotion to a subconscious fear of ghosts, or merely to prudishness. Of course the impression in the back of our minds, that at some time past, not very long ago, spirits inhabited these dead bodies was now quite out of question and deserved no consideration; a purely mythical theory advanced by clergymen who were outside the orbit of medicine and consequently not to be listened to.

We soon became so accustomed to the atmosphere of the dissecting room, however, that our interest centered in the question as to whether our particular "stiff" was a "fat stiff" or a lean one, to be had for a certain small consideration. The "fat stiff" meant laborious dissection; the lean one, an easy part, head and neck, upper, lower, or whatever it might be. "Stiffs" had to be kept from drying up, so that the

skin and the deeper structures might be easily separated. For this purpose, wet cloths were placed over the "part" upon the completion of the day's work. During this period it became advisable (for olfactory reasons), to smoke during the dissection. One day there might be a section on the brain and, if it chanced that the demonstrator was late, some riotous student would as likely as not begin his dissection by throwing bits of brain about the room. Then there would be halves of babies on platters, and occasionally hearts, lungs and livers scattered about. We were medical students, we were learning the secret of life. We were learning all that there was to know about man. If some one had told us that instead of learning the secret of life, we were fast losing it, that while we were fixing our attention on the structure of the body, upon the matter of morphology and function, we were ignoring its tenant, we would have answered "nonsense," there isn't any such thing as a tenant, or what you call a soul, because there is no need for it. What evidence have we found in our work to support such a mythical speculation? Why deal with phantoms when we have matter which we may sound to our complete satisfaction? Life is but the result of

chemical activity. Atoms of various primary elements in uniting to form molecules give rise to heat and motion. Innumerable molecules of complex origin are found to exist as cells which present the properties of spontaneous motion and reproduction. Various influences having been brought to bear upon these cells through long lapses of time have served to differentiate them so that they will develop along definite lines under given conditions. See how we may study cell division; how minutely the various phases of mitosis may be observed.

From the union of the spermatozoa and the ovum, we have traced the development of the adult human being. Blastoderm, neural-groove, medullary canal, cord and brain are but phases of a development which are entirely familiar to us. We know all about the man we pass on the street. We know how he began, how he grew and we know how the impulses from his brain are transmitted to the muscles which in acting carry him along. We know that his will to do this thing or that thing are but the end result of external stimuli, colored by his environment. Given a man's environment, we can prognosticate his action.

We are convinced that there is little essential difference between this man and

the occupant of the hearse who is drawn slowly up the street. The variations which we note are due to a cessation of normal stimuli from the brain, the result of senility or disease. The nature of the stimuli are not exactly understood, just yet, but the chemists and the physiologists are rapidly unraveling the matter. They have even succeeded in dividing atoms into different types of ions, each an infinitesimal, independent electrical force. The normal stimuli which give rise to muscular motion are easy to reproduce. How often have we seen muscle-tissue, even heart muscle-tissue contract under the influence of thermal or electrical stimulation. This result is so well known and so easily demonstrated that the explanation of the force which normally controls the activities of the body is only of a technical interest. For all practical purposes the question is solved.

As for right and wrong, the moral law, and other peculiar views held by those outside, why allow them to affect one seriously? How can a man do wrong when his action flows from an environment for which he is not responsible? Naturally if he is well informed he will have more sense than to break the civil law, for he is aware of the penalty. Consequently, if such a

breach does occur, it is a simple case of tendencies, growing out of environment overcoming a man's inherited and acquired caution. The mouth-breathing boy who commits repeated burglaries is not in the least to blame. The fault is with his parents who had not the good sense to have his enlarged tonsils and adenoids removed. Venereal disease is greatly to be avoided because it is so nasty in itself and is often followed by such unfortunate sequelae as sterility, prostatectomy or even the much-to-be-dreaded motor ataxia. One should be most careful of such contamination and particular in his acquaintances, as prophylactic measures are not to be depended upon. The implication that one must associate only with the good and the pure in order to avoid contamination was by no means a preventive of incontinence; it but diverted lust to a pure atmosphere where its pollution was even more baneful.

During our medical course, how often did we hear continence insisted upon. Was not the knowledge of possible disease expected to act as the sole preventive of irregular living? As no penalty outside of bodily disease could be referred to in the absence of a soul, the matter of morality was entirely

irrelevant and consequently never alluded to.

It was not because of our medical instruction, then, that we were enabled to escape these pernicious liberties of free thought. We were supported by the principles of virtue which had been instilled into us when we were youngsters, when we thought we possessed immortal souls. These principles were so deeply rooted in us that we held to them even when, in the light of our superior knowledge, they seemed old-fashioned and prudish.

The processes of the mind were intensely interesting under such conditions; one felt that here at last was to be found the full and complete refutation of the existence of the soul.

As our intimacy with the histology and gross anatomy of the nervous system increased, our "delusions" regarding a spiritual life within us vanished. Processes of thought were so easily explained. Impression from without, so-called afferent stimuli, came to the higher centers by way of the gustatory, olfactory, auditory, optical, tactile, thermal or the end organs of deep muscle sense, as well as by the impressions of equilibrium found in the semicircular

canals. These impressions were carried to the brain and there interpreted in the light of experience. Various centers were pointed out to us, such as the motor area, which controlled voluntary muscular motion, the center for word vision, word memories, written memories, etc. Proof of the presence of such centers was furnished by referring to injured patients who had suffered pressure or destruction of these areas as a sequela of fracture of the skull, intra-cranial hemorrhage or new growths.

We argued that if pressure upon a certain intellectual area gave rise to aberrations resulting in immorality, then immorality is the result of perhaps unrecognizable but nevertheless constantly present disease.

Psychiatry, in turn, by demonstrating the effect of local disease upon the higher centers, seemed to account completely for aberrations, so-called sins, which were committed by persons so affected. Furthermore, how could a discriminating and directing spiritual soul, if truly present, fail to control immaterial abnormalities in the material body over which it was thought to preside, when disease alone impeded such action. The absence of any such control in the various dementias argued well for the mythical foundation of such a soul.

As we became submerged by the vast store of new objective facts pressed upon us we experienced a simultaneous loss of respect for our bodies and those of others. Who will forget the circumstances of the first operation witnessed; the peculiar sinking sensation in the epigastrium when we saw the first abdominal incision in a living, breathing subject? We almost expected the patient to rise and rebel against the terrific pain which we felt she must experience and yet failed to express as she sobbed along tranquilly enough in her anaesthetic sleep.

We had always had a peculiar veneration for the abdomen, and now it was shattered forever. The living subject, you and I, were henceforth to be treated upon the same basis as we had become accustomed to treat our dissecting material. These conclusions seemed justified by the attitude of the patients, who came to the medical school for treatment in the clinic. They were completely docile, from the strangeness of the surroundings and fear perhaps, the timid fear and veneration for human suffering which we used to have before we knew better.

And so from more or less intimacy with the world, acquired in our pre-medical

school life, we grew accustomed to focus our entire attention upon the structure and function of the human body in health and disease. Our vision became narrowed, so that we lost sight of the activities of man which lie outside his purely vegetative existence. We failed to develop along with our investigation of structure and function the essentials which distinguished man from the lower animals. We ignored the complex activities of his mind, and in doing so lost interest in the source and control of these activities. We failed to appreciate man's intimate relationship and responsibilities to other men. These things were more or less taken for granted by our curriculum. Since the essence of the difference between the living and the dead was not emphasized, it was gradually ignored and finally forgotten.

We became myopes; we were so near our subject that we could not understand it. We stood as it were at the foothills of a mountain enshrouded in mist. We labored painfully over it, and at the end of our journey thought we understood all about it because we had been so intimate with its woods and its little lakes. We thought we knew all, but as a matter of fact we knew little or nothing of it; for we did not

understand its relation to other portions of the landscape. To understand man, an oil immersion lense will not suffice. We must view him at a distance, as it were, in order that we may observe him in his dependence to the rest of the universe.

Suppose we had been interrupted in our minute investigations and asked to view man in his relationship to other men, and to consider our subject from a new angle. Suppose we agreed to stand by theories as facts, for theories often become facts in our lives before we are aware of the change. Suppose we were brave enough to say we did not know, when we could not explain, and courageous enough and humble enough to accept what our reason dictated, even though our impressions, training, natural pride and wishes disclaimed it.

Imagine one whom we regarded with respect and whose favor we sought, asking us to explain what we understand by the term "life or soul," to describe its origin, its manifestations, and its destiny. We cannot under penalty of contempt disregard this query, for the questioner symbolizes the world. Mankind, strange as it may seem, has always shown a keen interest in this question. All races have been eager for an answer, ancient Syrian, Mede, Persian,

Hindu, Turk, Grecian, Roman, Indian and Japanese, not to speak of the marvelous Chinese who were old when the West was born. These races and these nations stand at attention awaiting our answer, for have not we the secret of life? What shall it be? Life began accidentally as a spontaneous reaction between suitable elements. These finally becoming very complex, for unknown reasons gave rise to what we call the proteid molecules. These molecules accidentally occurred in groups forming the original ameboid cell which developed somehow the peculiar properties of motion, reproduction and the selection and assimilation of suitable food.

Naturally it is rather embarrassing to be obliged to use such terms as "accident," "unknown reason" or "development" which occurred somehow or other, but how can the matter be definitely described when we can only theorize as to its nature? One thing is evident and satisfactory, however, and that is we can explain the origin of life without introducing a more or less irrelevant element, such as a soul.

"Your theory is pleasant to hear," replies the world, "now we shall listen to your proof and judge its worth." Proof! why the thing is self-evident! we reply. It must

be so, because nothing else will answer. Of course we can't prove a fact of this kind any more than we can explain why the ovum of a neut will not produce a salmon, why some cells differentiate so as to make brain tissue, some kidney tissues, and others blood corpuscles floating about in the istic blood stream. The matter is not explainable, or if it is we do not know how it can be explained, without introducing an entirely new controlling element.

"We seek all knowledge," replies the world. We do not attempt to bend truth to the small orbit of a single science, and deny its existence if this cannot be done. We are ready for an answer to our question from whatever source it may flow. Our proof must be built upon reason and the universal experience of man. As students of medicine you have failed to add to our knowledge of the origin of life. Your very dearth of information may serve as an incentive to hear and to judge the experience of others as shown forth by right reason."

Chapter II

THE REMEDY

FIRST of all, in order to arrive at our goal, we must establish mutually acceptable facts. Facts may be material and singular as the size of a certain red blood cell; or, they may be abstract and universal: two plus two equals four. The latter class of facts, abstract truths, are of a higher order than material, singular facts, because they are of universal application.

Granted, then, that there are truths which can only be arrived at by reason, and that these truths are of a higher order than purely material singular truths because of their very nature, we have a generally accepted basis upon which to proceed. We shall set out to prove, on a purely abstract but entirely reasonable and truthful basis, the evidence of a spiritual element in man which directs his reason and energizes his activities.

In order to arrive at this deduction, we must first of all, rehearse the essential difference between man and the other members of the animal kingdom.

It is a common saying among philosophers that a being is known by its own proper actions, for example:

When we scatter hay bacillus over an argar plate and see the accumulating mass of growing fungus, we know that the nature of the plant growth is different in its essence from the inanimate glass plate which contains it, (but which will never grow if we were to incubate it for a thousand years), and we also perceive that the guinea-pig which hops about in the laboratory cage is essentially different from the living lettuce leaves which suffer cruel destruction with absolutely no sensation.

Granted the fact of essential and entirely apparent differences in animal life, plant life, and inanimate nature, it remains for us to reveal, if possible, equally essential and apparent differences in human life. While man possesses qualities inherent in inanimate matter, being subject to gravity, thermal conditions, etc.; and while he likewise possesses qualities found in the vegetable and the animal kingdom, yet, in addition there are three distinct and constant characteristics in his nature which absolutely differentiate him from all other forms of life. These characteristics are as follows:

(1) A more or less continuous progress along various lines of activity (Human).

(2) The use of rational language.

(3) The fact of religion.

Progress, progress, continual and varied progress, is characteristic of man. Greece advanced in the arts and literature, Rome in law giving and the art of war. The Middle Ages established the model of true democracy in the structure of Christian society. Then came the present age (our own), when marvelous developments have occurred in the sciences: physics, chemistry, electricity, etc. In our brief experience we can look back upon advances in medicine, i. e., antisepsis, anaesthesia and modern surgical technique. Progress is characteristic and typical of the human species.

Contrast man's progress with that of the other members of the animal kingdom. They have certainly been on earth as long as man. They have frequently been reared in the same environment. Think of the hunting dogs, the fat poodles, the chow dogs you have known, have they as individuals or as a class progressed one iota? Have they ever shown any personal initiative? Did you ever hear of a chimpanzee making a pair of pants for himself for protection from the cold or for any other reason? Could you conceive of a number of stray dogs calling a meeting on a cold

December night and, after talking over matters, decide that they must light a fire to keep warm?

Progress is the fruitage of dissatisfaction; the reward of a search for, what is quicker, easier, better or nobler. Man has progressed through dissatisfaction; the brute alone seems to possess the formula for sublime content. Now, by all the laws of right equity the entire satisfaction of the demands of one's nature ought to bring quiescence and peace. In all the animal kingdom such is indeed the ease. Their bodies, like ours, demand food, exercise, sleep, etc. When these demands are supplied, they are content—*we are not*. No matter what our possessions, health, love, friends, pleasure, wealth—we are ever Alexanders sighing for fresh worlds; never so happy but that something else is yet wanting to make our happiness complete. What is the source of this supreme discontent; whence comes this depth of the human heart that no earthly line can plumb? What other logical answer offers than that we are made for more than the mere earthly and animal.

The actions of the brute are ever the same mechanical, "instinctive" response to stimuli, and, with no recorded instance of

change or progress, we are forced to the conclusion—we may even consider it a law—that within any single species the conduct of the individuals is ever uniform and stable.

Rational language, that is, a capacity for the expression of abstract facts, not only in the spoken but in the written word, is distinctly limited to the human species. Various classes of animals undoubtedly have means of communicating with each other, but these communications are limited entirely to sensual facts, incidental to their pleasure or safety. It is impossible to conceive of a group of race-horses, for example, comparing notes on their best running time and calculating audibly or in any other fashion the bets which have been placed upon them. We would have to follow Alice into Wonderland to find a complete and authentic history of cats, ancient and modern, as reported by one Cheshire cat. The very fact that dogs, cats, and other animals may be taught to do apparently impossible feats by a patient trainer, proves that it is not the physical ability to perform the act which is absent, but the initiation and control. And this can only be supplied and sustained by a human intellect, for the tricks which are

taught to a dog are not handed down to the next generation of pups.

There is no tribe so obscure, no people so ancient, that does not show unmistakable evidences of religious sentiments. The lowest savage has some conception of a supreme being and expects a life after death. The records of all nations bear evidence of a belief in the supernatural. The cave dwellers of the Pacific Coast, the Esquimo in his igloo, and the half-naked jungle chief, each worships God in his own peculiar manner.

The so-called civilized people of our own time who deny the existence of God emphasize His reality by the very vehemence of their denial.

Can we find any signs of religious sentiments in the animal kingdom beyond expressions of animal satisfaction (such as wagging one's tail or purring) which accompany and can be explained by the mechanical association of images and sense perceptions; what evidence have we of gratitude for benefits received? On the other hand, what evidence of anxiety for past events have we? The stray dog who has just escaped the wheels of a five ton truck is not troubled by reflections of his late peril, nor is he solicitous for the danger

of starvation coming upon the wings of the blizzard. His life is in the present. Within its brief limits he fulfills completely the reason for his existence.

Progression, rational language, and religion not only separate man from the animal kingdom by an impassable chasm, but imply an essential difference in man's nature. What are we therefore to conclude in regard to the nature of this difference? In each case it is an activity independent of matter—a spiritual activity. Take the difference of progress, for example. Progress implies the existence of a faculty which is capable of forming general ideas and universal concepts, a faculty which permits a man to reflect upon his own actions and to form abstract judgments. The amount of abstract reasoning and mathematical calculation between the construction of a simple lens and the latest compound microscope may well be imagined to be unthinkable. Whenever there is progress this cognoscitive faculty proposes an ideal which has no actual existence as an individual entity, but which represents a combination of concepts that are the result of a spiritualizing process.

This faculty is not less apparent in the use of rational language. Language implies

the transference of thoughts which are immaterial or spiritual in their origin. Education, in fact, is based upon the transference of spiritual ideas. Take, for example, the very subject under consideration. Have you ever seen or appreciated by your senses the idea or progress, language or religion? Your own knowledge and appreciation of these ideas is a spiritual act. Speech is for the purpose of conveying ideals, and yet ideals go beyond the range of sense perception.

The fact of religion exhibits the same faculty in action. Religion would be impossible without immaterial or spiritual ideas. In order to make the act of worship a possibility, man must first form a concept of a supreme being, who, in some way or other, is responsible for his existence. He must understand the meaning of virtue and vice of law, and order of reward and punishment. Yet, all this implies intellectuality, or the power to reason. It assumes something beyond a faculty that is merely capable of forming images from external stimuli.

Therefore, the distinguishing mark between man and the lower animals is his ability to educe acts independent of con-

crete material conditions, the capacity of spiritual operation.

Animals have never shown signs of intellectuality. They have never been known to form abstract ideas and concepts such as are exhibited in man's progress, rational speech and religious sentiments. Their activity is confined to sense preception and their highest faculties are identified with their bodily senses.

Man differs from the lower animals, then, in three distinct activities: progress, rational language, and religion. These activities imply the constant presence of a faculty which, by giving birth to immaterial or spiritual thoughts, shows itself to be immaterial or spiritual in its nature, for a being's nature must correspond to its own proper activity. (The cause must contain the essence of the effect.)

Granted an immaterial faculty or soul in man, we may well inquire into its composition or nature. First, of all, spiritual ideas are simple, that is, they have no parts, no shape, no form; they cannot be halved or quartered as can the various elements which go to make up man's material body. Being absolutely indivisible, they are independent of matter. For this reason, that part

of man which thinks, compares and makes judgments must be simple, without parts, and indivisible, since the nature of a being must be of the same kind as the actions which it elicits.

The fact of the simplicity and indivisibility of this faculty becomes even more apparent when we consider what is known as the quality of non-extension. In an extended being one part may be applied to another, but the whole cannot be turned back upon itself nor can the one part be identified with the quality which inheres in another. The mental faculty can, however, reflect upon itself and watch its own actions. The mind not only thinks and judges, but it is conscious of these operations and contemplates its entire self as it compares concept after concept and finally identifies them in an affirmative judgment. The mental faculty or the immaterial or spiritual soul, is therefore a simple, non-extended and indivisible entity. Therefore, there is in man a simple element which in its action, and therefore in its essence, is independent of the body. That element which is called man's soul is spiritual in its nature as it is in its highest activity. The acknowledged fact that man is free to choose his course of action also implies an element in his nature

which is free from mere material laws. If man were not free there would be no personal responsibility for virtue or vice, and penal institutions would be a mockery of justice. Does the dog who protects a child from accident practice virtue, or is the same dog guilty of manslaughter if he attacks another child with fatal results? Would you reward in the first case and punish in the second? Yet, if man be not free, his actions are on a par with that of any canine.

On the other hand, with the exception of this spiritual faculty or soul, man is not free, he acts according to the environment in which he finds himself as does one of the lower animals. His sense and his passions rule. He reacts to laws, formulated by medicine and surgery, and it is these purely sensitive reactions which the thoughtless wish to characterize as the highest human activity.

With this concept in mind, the difference between the libertine and spiritual man becomes manifest. The libertine, by permitting a free play of his passions, quickly throttles the voice of his spiritual faculty and in time becomes quite unconscious of its existence. His soul suffers from atrophy of disuse. He becomes what is popularly known as carnal. The spiritual man, on the

other hand, by constant and vigorous use of his faculty, controls and directs passions which his reason, by the light of this faculty, exposes as harmful. He is free because he is not obliged to act according to his environment as is the case with the sensuous. He is the master of his destiny, not the mere slave of that nature which makes him one of the animal kingdom.

The suppression of the spiritual faculty obscures its vision as well as its activity. It cannot reflect upon itself with its normal penetration. Consequently it is more or less blind to its own slavery. Witness the sensualist when approached upon an abstract or a spiritual basis.

Man's freedom of choice, independent of the environment in which he acts, demonstrates the presence of a free immaterial faculty which we call his soul. It is by reason of this spiritual faculty or soul that man is crowned Master of that universe which he surveys. It is this faculty which enables him to train to his bidding the inhabitants of the jungle and to compel lifelong service from domestic beasts of burden.


In order to arrive at complex, immaterial, abstract truths, philosophy begins by employing facts which are elementary, familiar and abstract. Viewing the universe instead

of the atom, she calls to mind broad truths with which we are all familiar. She points out first of all the characteristics of man, the qualities which have forever separated him from brute beasts, his progression, his rational language, and his religion. She shows us that the very existence of these qualities implies a faculty capable of producing immaterial thoughts, concepts and ideals. Granted the existence of this faculty, she proceeds to prove again from our own intimate experience that it is by the very nature of its acts, simple, indivisible, and without extension, consequently a simple immaterial entity or soul. She then proceeds to exhibit this soul in action in the accepted fact of freedom of choice upon which is based the world's civilization.

To us who are willing to listen, she says: "My argument is built upon reason, my logic involves no contradiction, my explanation is true. Your denial implies an^s explanation as reasonable and as logical."

Chapter III

INTRAMURAL LIFE BEFORE GRADUATION

E may have substituted for an intern during the summer of our third year of medical school, but the greatest and the most interesting responsibility which comes to us is the lying-in course required for graduation. To be called at 2 A. M., given a black bag and an address, throws one upon his own responsibilities. The importance of our mission buoys us up, but we are prone to some slight misgivings as we grope our way up the dark tenement stairs, and enter the steaming kitchen, crowded with heavy-eyed relatives and friends.

Sometimes our call takes us to the negro quarters and we find a tiny apartment, neat as a pin, housing a former lady's maid who is wedded to a parlor-car waiter; or, what is more common, we find a nest of filth and evil odors in the midst of which is a patient in complete harmony with the surroundings, who must be treated with perfect asepsis, mind you! Our conscience belabors us, as we attempt the impossible and gather what information we may of the actual state of affairs. The one great question is not whether the new-comer is to be

born safely, but how long we shall be obliged to wait before his precipitous appearance. How often have we sat watching the gray dawn light the murky sky-line of the house across the street. Our patient falls into a tranquil doze, broken now and then by brief periods of restlessness. We cannot sleep because the kitchen chair is all edges and corners; and intimate contact with anything in the way of a couch or the foot of the bed is sure to prove a source of contamination by the normal inhabitants thereof. With the day comes a sleepy superior who informs us that the patient is in no way prepared to deliver herself for some days, or that we have overlooked an impacted shoulder or breech with a prolapsed cord.

But there are the bright spots, too: well-managed labors, with or without instrumentation; the joy that another man has been born into the world. Poverty loses its meanness before a newborn baby. A great task has been accomplished, and after the storm of pain comes the rest, so soothing and so sweet. In the presence of nativity the better part of abused natures stand forth. The drunkard suppresses his cravings and the old shrew her malice, as they gaze upon and fondle the struggling babe.

But if there is joy in life, what sorrow comes with death: the anguish of blasted maternal hopes, the tiny baby's funeral, the dull days to come. Should yours be the misfortune to deliver a baby dead, never, never let the mother look upon its face, for she will remember it until she dies. Never let her touch that little form so yielding, so chilled, so very delicate. Never let her kiss those tiny lips, purple against the pallid cheeks. O, the sweetness of a baby in its helplessness. Sometimes we are asked to baptize babies which are dying, whether we believe in the fact of a soul or not. If we have been disillusioned and if we have seen the remedy we may be glad to do so of our own accord. The act is simple. One pours water upon any part of the child, on the head if possible, however, and while the water is flowing says, "I baptize thee in the name of the Father, and of the Son, and of the Holy Ghost." No act could be more simple of performance, none more tremendous in significance.

Should it be our good fortune to have an indoor service, the actual delivery taking place in the hospital under the most favorable surroundings, many interesting questions will arise and be disposed of. For example: a young woman may be admitted

who is suffering from the frightful complication known as pernicious vomiting. Although early in her pregnancy, she is constantly losing weight and is entirely unable to retain any but the simplest nourishment. During a previous successful pregnancy the same condition obtained, but in a much milder degree.

She was extremely anxious for the arrival of the first child, but this second had come so soon under such trying financial circumstances that it was not welcome. Medical reasons for a therapeutic abortion are present. The patient is not averse to such a procedure, but withholds her consent upon the advice of her spiritual director. As the days pass by, the attending physician becomes more and more anxious and urges interference. The patient wavers but withholds her consent to operation. Then one morning she surprises everyone by retaining her food. Her vomiting rapidly diminishes and finally ceases altogether. Four months later a healthy baby is born. It seems as though this patient had escaped imminent death, which she courted by her obstinate adherence to a spiritual ideal, in refusing to allow what appeared to be an entirely legitimate interference.

Then again a little woman who has been deformed since birth comes to the hospital for examination and advice. It is found that her pelvic outlet is such that a normal delivery is practically out of question. It is decided, however, that she is entitled to a trial labor and she is allowed to leave, instructions being given her to report two weeks before her time in order that labor may be induced and a smaller baby born alive. Some months later shortly after midnight, this patient is brought to the hospital in labor. She is at full term, having disregarded our advice to report before the completion of her time. A fall from a kitchen chair has resulted in placental detachment which in turn induced labor. The head is partially engaged and a loop of cord is protruding. A slow pulsation is evident as the cord is palpated. The rule of the hospital requires that a clergyman be called for each case about to receive a general anaesthetic. Fortunately this individual is within easy reach. Upon learning, however, that preparations are being made for a craniotomy, he advises the patient not to permit such an operation upon her living child. Every one in attendance knows that the child cannot be born alive and that the mother's life is slowly ebbing away.

Why not ignore the child, who is beyond the possibility of being saved, and preserve the mother's life? The exasperated surgeon expostulates and swears, but the patient's consent to operation is withheld. She is examined again and pulsation in the cord has ceased, the baby is dead. Consent for a craniotomy is then immediately forthcoming. This patient survived and left the hospital two weeks later.

But the absurdity of a layman interfering with a necessary surgical procedure on spiritual grounds, remained vividly in mind. If a surgeon in good faith and with due deliberation decides that the emptying of the uterus is necessary, and if the State backs up this resolution as just and lawful, why should a clergyman, an outsider, be permitted to interfere upon any grounds whatever?

The clergyman responsible for these peculiar views was slightly known to me and I made up my mind to ask him for an explanation. An opportunity soon presented itself. We found ourselves comfortably seated in the staff-room, one stormy February evening. The half burned embers on the hearth before us threw long shadows on the walls and the newly flicked end of my guest's cigar lit up his face as he stroked his chin and gazed thoughtfully before him.

“You wish to know by what right religion interferes in critical cases involving the life of the unborn child. You are impatient because there appears to be an intrusion by a layman into what appears to be a strictly medical question. You will agree with me that life or, properly speaking, the infusion of the spiritual faculty or soul takes place upon the union of the ovum with the spermatozoa; that this soul at the instant of creation, being simple without parts, is complete with all its powers. In other words, this newly created soul is of the same nature and possesses the same powers as does the soul of an adult man or woman; the disparity which we perceive being due to the fact that the physical powers are too undeveloped to allow the exercise of its faculties.

“The business of religion is to safeguard, develop, and direct the spiritual faculty in order that it may accomplish the work for which it has been created. To prevent the unlawful termination of this terrestrial activity, religion, acting as the representative of the Creator, has decreed, ‘Thou shalt not kill.’ The state endorses the wisdom of this law by suitable punishment and reserves to itself the right to take the life of any individual in the community. Let us consider for

a moment life after birth, life which has experienced a few years of growth.

“The duty of the medical profession is to save life, to delay and, if possible, prevent death. Its attitude towards death must be uncompromising even in the face of an inevitable issue. If it permits itself to become allied with death and to accelerate the fatal termination one iota, it falls from its high estate and becomes criminal in the eyes of the moral and the civil law.

“This responsibility becomes vivid in the case of the cancer patient who is clearly inoperable. Where the chance of a complete cure is practically absent and where the probability that the patient will die on the table is great, the surgeon who operates deliberately for pecuniary reasons, or upon other ground than the ultimate prolongation of the patient's life, allies himself with death and is guilty of murder.

“The medical man in attendance upon such a patient, who permits an over-dose of morphine with the intent of hastening death incurs a like guilt.

“It is clear then that the physician may never destroy life. His business is to preserve it with every power at his command.

“Physically, from the material point of view, the point of view which many med-

ical men assume, the worth of the unborn babe and that of the mother cannot be compared. If the mother dies the community suffers a distinct loss and the family of which she is the heart is destroyed. If the unborn child dies, there is no irreparable loss to the community or the family of which it has never, strictly speaking, been a member.

“Spiritually, from a point of view of eternity, the soul of the unborn child has the same rights and privileges as has that of the mother. The soul of the unborn baby and that of the mother who dies in the midst of her pregnancy, appear for judgment upon essentially the same basis, even though the mother must answer for responsibilities unknown to the child.

“It is this lack of appreciation of spiritual equality, which the materialist, by his very constitution, cannot understand and which others comprehend but imperfectly, that accounts for the wholesale murders mildly spoken of as ‘interruptions of pregnancy.’

“The mother who would give all she possesses to preserve the life of her month-old babe, calmly proceeds to kill its sister in utero. The physician who will willingly go miles to save the life of a child with an

acute appendix, deliberately takes the life of another not yet born because the measurements of the mother's pelvic outlet are under the average. In this way murder often flows from ignorance rather than malice.

"The right to life of the unborn child in the normal case, complicated only by expediency, by pecuniary reasons, or by pathological conditions which will admit of delivery by forceps version or caesarian section, is beyond question.

"Where, however, the saving of the life of one involves the loss of the other, the question becomes a most anxious and a most delicate one. Each case presents a different situation and must be treated individually. The question is a terrible one to decide and the circumstances constantly change. The duty of the physician is to save life. He cannot consent deliberately to take the life of either of his patients. But he must be morally certain at all times that the child is alive, in order to have any obligation towards it.

"Craniotomy on a living child is simple murder; upon a dead child it is often a desirable procedure. The interruption of pregnancy before the period of viability, in the toxemia of pregnancy, or in pernicious vomiting, where the foetus is known to be

alive, is inexcusable. It is a common occurrence to witness a woman with a toxemia of pregnancy go to term and deliver herself of a healthy child. Frequently a toxemia disappears spontaneously, or the patient aborts. In the extreme case the decision turns upon the actual life or death of the foetus in utero. If the evidence of death is strong, it is the physician's duty to anticipate the inevitable spontaneous abortion which will follow this state.

"Be assured that religion is never hard, cruel or unreasonable. It seeks to defend and preserve the life of the unborn child as well as that of the mother. It imposes no regulation which is not indicated by right reason. It cannot suffer evil to be done in order that good may result. In its wisdom and in its conservatism it has decreed that 'It cannot be taught that it is lawful to destroy the child that the mother may live.' "

As my guest concluded, I looked from the dead embers upon the hearth into his thoughtful face. It was familiar enough. I had often seen this rather plain man in our wards, administering the comforts of religion to the sick and the dying. "Externals of religion," they were to me, for I had never before sought an **explanation**. I knew perfectly well that I had a soul which was

simple, without extension, therefore immaterial in its nature, and which under these circumstances could never die. But I had not realized that its preservation and sanctification were the ends for which all constituted religion labored, and that this solicitude found expression from the moment of this soul's creation—from the moment of conception. From the point of view of the church, then, there was no essential difference between ante-partum and post-partum life, the unlawful termination of one being as repugnant as that of the other.

In the face of these facts the irritability which I had felt at what I considered the intrusion of religion into the domain of medicine gave place to a thoughtfulness and a curiosity to know more of what seemed to me a new found science, the science of life as contrasted with the science of things. My curiosity took the form of questionings which clamored for light. If the soul appeared at the moment of conception, what made it appear? What was meant by creature and creation? Why was religion a necessary consequence of creation? Why was Divine worship considered a duty and why did morality need religion as its basis? Why couldn't it exist independently, as many present day writers insist?

As I bade my guest good-night, his warm handclasp lingered with me. He understood and appreciated my point of view and I had seen the gleam of the world in which he lived.

Chapter IV

THE TRANSITION—THE STUDENT BECOMES THE DOCTOR



As the end of the fourth year in medical school draws to a close, we find three classes of men striving for a degree. There is the man who is married; there is the man who is engaged to be married; and there is the man who has not yet begun to consider the matter. The man who is married is decidedly in the minority, the number of engaged men can never be accurately estimated, and the disengaged constitute the remainder, probably the majority.

The married man is looked upon with a mixture of admiration and sympathy. He is admired for his nerve and receives sympathy for his responsibilities. This man's wife also receives admiration and sympathy of a secondary order. We say secondary, because the student never can adequately estimate the sacrifice which these women make. The man who is married is often the man who has changed his mind about his career, rather late in life. One is tempted to suspect a rather vacillating vision and to wonder whether medicine will afford him the relief which he seeks. On the other hand he may have recourse to medicine as a comple-

ment to his knowledge of law, dentistry or commerce. He may plan to make medicine a further means to an end.

We are naturally impatient with such a one and unless his lips are sealed by prudence, he suffers. It is only in retrospect that one can appreciate the tremendous handicap under which the married medical student and his family labor. When one remembers the everlasting nightly plug for the quiz of the morrow, the comparative lack of social pleasures, not to speak of the usual frugality of the medical student's life, it is difficult to understand how a man can add to this the close and pressing obligation of a family and still make good in the end. The married medical student deserves more than he gets from his fellows. His graduation is proof that his future is secure, for no married man who has overcome the enormous obstacles which are his, can fail to make good when he appears before the community. Such a man, however, will be successful only in a restricted sense, if he is compelled to enter into the practice of medicine before he has spent the usual internship in a well-ordered, active hospital service. We all number among our friends the man who carried the responsibilities of a family through his medical course. The com-

panionship of a splendid helpmate was certainly his, even though the obligations of a parent often restricted his field of activity and his point of view, and brought age before its time.

But what may we say of the man who becomes engaged during his medical course? Is he a fool or has he wisdom beyond his years? If there ever was a time or an opportunity for pure romance, for a delightful and close intimacy between a boy and girl, it is in student days. Devoid of the conventionalities which restrict and mark our real selves in later life, we stand forth as we actually are. There is no attempt and no thought of misrepresentation upon either side. Wealth and social position disappear in the greater, truer test, the companionship of the mind. The student living as he does in a keenly intellectual atmosphere, discounts social frivolities and abhors the girl who cannot follow and appreciate his logic and his whimsical flights of fancy. He seeks in his wife-to-be, a chum, a pal, a good fellow, a perpetual room-mate, who shall share each joy and sorrow. And the girl who can see in the poor student, her helpmate forever, the father of her children-to-be, proves by this vision an idealism of the highest spiritual worth. She not only

captures the heart but the mind as well. She prepares the consummation of a union which can bear the storms of poverty and hard work.

The student engaged during his course to the right sort of a girl, brings his career to a focus. He finds a natural and a legitimate outlet for his social cravings and is preserved from contact with the vices which beset the man who seeks excitement and recreation. All his spare time is with his chum, the allurements of stag parties and sallies into the red light district, disgust him in the presence of pure and simple affection.

O' the never-to-be-forgotten sweetness of those dear days of companionship. Air-castle building as the big moon rises over the quiet sea and the happy waves lap the shore at our feet! Those fragrant hours, pregnant with joys to come!

Spring days, Easter vacation time, the joy of days without a quiz or plugging, the Frat dance, which we had planned, an actual fact.

Visions rise of eves departed
When the air was filled with music
Dancing, swaying, to the pulse
Of well remembered deep toned strains.

Gliding, whispering, smiling, guiding
Through the maze of silken rustle,
To a nook where idle eyes,
Lingered but a harmless second.

Then the "Good-night ladies" and the
walk home in the cool night air, always with
our dearest chum.

Summer days, generous warm-hearted
summer days, late afternoon paddling up
stream, through green meadows and under
low willows swaying gently in the breeze, the
supper on the bank and the quiet gliding
homeward on the tide, tree-toads chirping
from out the shadows and the ghost-like
bow of our canoe swaying at our will. Or
perhaps days at the shore, salt breezes sing-
ing and great breakers tumbling towards
us from out of the deep, white sails flecking
the azure sea, and the dazzling glare of the
warm, crunched sand. After the day the
sunset star, the evening bell, and the flash
of the distant light far out over the wide
darkening waves.

Autumn days when the bay berries sil-
vered the sturdy bushes by the shore, days
of golden leaves dancing in the wind, of
purple wild grapes and melons ripening in
the fields, days tinged with sadness because
the holiday was over and another semester
loomed up before us.

Winter days, long walks in the biting wind, cracking open fires to cheer us on our return. The nights of rain and sleet which decked each twig with diamonds glistening in the morning sun. And behind all these happy moments the solid background of a companionship to last forever and forever.

The man who avoids obligating himself matrimonially is without doubt the wisest of the three from many points of view. His career is certainly less likely to be interfered with. He can be deliberate in his preparation for practice. He may spend two or even four years in the hospital supplementing a medical by a surgical service or vice versa. He is at less pains to establish himself in practice and can wait longer for the result of his labors. This man forms the majority in our graduating class.

In view of his freedom from present and impending responsibilities the disengaged man is inclined to offset the advantages which are his by an excess of animal spirit displayed in unprofitable if not distinctly pernicious activities.

Having no vivid reason to abstain from certain dissipations, he backs himself up with the ancient argument that every boy must sow his wild oats; that a certain amount of excess mellows one, as it were: that ex-

perience is the best prophylactic agent against serious and permanent lapses of virtue. The man who is not held in the leash of moral restraint, deeply inculcated in early youth, constantly activated through companionship or by an active faith is drawn like a moth into the flame, and the oats which he sows often bear as their fruit, chronic epididymitis, urethritis and eventually a hypertrophied prostate, not to mention the heart breaking complication of tubal disease and sterility in his future mate.

Experience has demonstrated that refinement of birth, elegance in early training and the most exquisite manners do not protect the individual from the dangerous and insidious inroads of his passions. A materialistic philosophy does not offer a protection against vice. It merely serves to delay its advances and to confer upon it a more attractive mien. Something more vital and fundamental is essential. We hear of those who are naturally good as though morality was inherited or acquired as is a physical characteristic. "There is no such thing as 'natural religion' or 'natural ethics' if we understand by these terms a religion or an ethical code derived from 'nature.' Nature is not a moral entity; there is no morality in nature. And if we profess to derive an

ethical law from nature, we are deriving this law, not from nature as she is, but from nature as we see her, and this is an entirely different thing. When we set about to discover a foundation for the moral law which is to be purely rationalistic, and when we think to discover this foundation in nature herself, we are crediting nature with qualities she does not possess, we are reading into the book of nature metaphysical conceptions of our own, whether we will it or not. As soon as an appeal is made to a moral law, appeal is made to something surpassing the individual, to something the validity of which we assume '*quod semper, quod ubique, quod ab omnibus.*' Consequently, this 'something' cannot be contained in the individual reason, the validity of which is purely personal; it must of necessity transcend individual reason; or in other words, it must be suprarational. Rational moralists, once they attempt to discover the categorical imperative, appeal to the suprarational." (Windle).

By direct and implied references we have become accustomed to accept the popular notion of the descent of man. Darwinism for many of us has stood for a system as tenable as the law of gravitation. Owing to the constant presence of this impression in

the back of our minds, we are prone to look upon the age-old theory of creation as something superfluous and decidedly out of date. In this connection it will be of interest to quote the late Professor Dwight of Harvard. "We have now the remarkable spectacle that just when many scientific men are of accord that there is no part of the Darwinian system that is of any very great influence, and that as a whole the theory is not only unproved but impossible, the ignorant half-educated masses have acquired the idea that it is to be accepted as a fundamental fact. Moreover, it is not to them an academic question of biology, but as the matter has been presented to them, it is a system: to-wit, the monistic system of philosophy. Thus presented it undeniably is fatal not only to all religion, but to any system of morals founded on a supernatural basis."

The complexity of the evolutionary theory has been summed up rather pointedly by a writer in the Literary Supplement of the Times. "No one possessed of a sense of humor can contemplate without amusement the battle of evolution, encrimsoned (dialectically speaking) with the gore of innumerable combatants, encumbered with the corpses of the (dialectically) slain, and

resounding with the cries of the living as they hustle together in the fray. Here are zoologists, embryologists, botanists, morphologists, biometricians, anthropologists, sociologists, persons with banners and persons without; Darwinians and Neodarwinians, (what a name) Lamarkians and neo-Lamarckians, Galtonians, Haeckelians, Weismannians, De Vriesians, Mendelians, Hertwigians, and many more whom it would be tedious to enumerate. Never was seen such a melee. The humor of it is, that they all claim to represent 'Science the serene, the majestic, the absolutely sure, the undivided and immutable, the one and only viceregent of truth, her other self.' Not theirs the weakness of the theologians or the metaphysicians, who stumble about in uncertainty, obscurity and ignorance, with their baseless assumption, flimsy hypotheses, logical fallacies, interminable dissensions, and all the other marks of inferiority on which the votaries of science pour ceaseless scorn. Yet it would puzzle them to point to a theological battlefield exhibiting more uncertainty, obscurity, dissension, assumption, and fallacy than their own. For the plain truth is that, though some agree in this and that, there is not a single point in which all agree; battling for evolution they

have torn it to pieces; nothing is left, nothing at all on their showing, save a few fragments strewn about the arena.

“Strange to say, Darwinism, and the opinion of Charles Darwin, about descent of organisms, are two different things. Darwin, the very best type of a man, devoted to science alone, and not to personal interest, was anything but dogmatic, and yet Darwinism is dogmatism in one of its purest forms.

“Darwin’s polemics never left the path of true scientific discussions. He never in all his life abused any one who found reason to combat his hypotheses, and never turned a logical problem into a question of morality.

“It is quite clear that Darwin held that transformism was the explanation of the world of life as we know it, that is, that all living things came from one or more forms, and were thus genetically related to one another. But he did not commit himself absolutely in ‘The Origin’ to either a mono or a polyphyletic scheme of transformism, for in the celebrated passage which occurs at the end of that book he alludes to ‘life, with its several powers, having been originally breathed by the creator into a few forms or one,’ and it may be noted that the

words 'perhaps into only one,' which represent those quoted in the latest draft, were actually written into it in pencil, as if they were an after thought." (Windle).

The theory of evolution may be summed up as follows:

1. Transformism, (all living things having come from one or more forms) though widely accepted, is not proved to a demonstration.

2. Natural Selection (the preservation of such varieties in off-springs as arise and are beneficial) is held by some and denied by others. In any case it is only a means to an end, and in no sense a cause.

3. Sexual Selection (the sexual attractions offered in the brilliant coloring of buds, insects, etc.) is much less widely and definitely held than it once was. It also, if it exists, is only a means to an end.

4. Pangenesis (the assumption of morphological units as representing characters, the subdivision of the material making up the impregnated ovum into some trillions of parts,) is more than doubtful, and is abandoned by most biologists.

The theory of evolution is concerned with the morphological development of man. If psychic characters were taken into con-

sideration, the whole matter would be thrown into confusion.

As we cannot explain the presence of man on this planet upon the basis of evolution, our natural curiosity impels us to seek some other origin.

That man did not always exist is obvious, as time was when the earth was a molten mass, hurtling through space.

Man could not have produced himself because nothing can be self-productive for it must exist before it can act.

As man could not have produced himself and as evolution does not offer a conclusive explanation for his existence, we are forced to assume that he was created. That he owes his being to a cause outside himself, which cause brought him into being without the aid of pre-existing material.

As regards man's body it is not necessary to prove that it was created in its present morphological characteristics.

The creation of the first of the species from which man was derived would strictly speaking make man a creature. But as has been shown man possesses a spiritual faculty or soul which is simple and indivisible in its nature endowed with intellect and free will. As an immaterial being cannot

be fashioned out of material substance it must have been created. Neither can it have been made out of the Creator's own substance because a spirit has no parts; each is perfect in itself.

To argue that it is hard to understand how anything can be made out of nothing does not arise from any inherent impossibility of such a production in itself but from the evident fact that our intellects are finite. It has never been demonstrated that the concept of creation involves a contradiction.

As creatures then of a Creator, we are subject to His laws. We are not at liberty to follow the whims of our passions. Our animal spirits must be held in the leash of that spiritual faculty or soul which serves to differentiate us from the pekinese in our lady's boudoir and the trained ape of the theater troupe.

Assuming the reasonableness of the hypothesis of creation in view of the impossibility of self-production, the unproved theory of evolution as regards man's body and its impossibility as regards man's soul, we are led to consider man's natural relation to his Creator or what may be considered the natural consequence of creation.

The first note we observe is that of absolute dependence upon the source of his being. We are familiar with the dependence of the new born babe upon its parents or others for the maintenance of its life. It is inconceivable that the new born babe or even the offspring of many months could do other than die if left to its own devices.

Our relation to our Creator is one of even more complete dependence than this for we are indebted to him physically and mentally for all we are, all we possess and all that we can ever be, since "that which is dependent in its essence must be dependent in its operation, for no effect can be superior to its cause."

When the infant grows to manhood, he may become entirely independent of his parents. And dependence may pass to a stage where conditions are reversed, the parents resting upon the support of their offsprings.

Man's relation to his Creator, however, does not change as he ages and develops, for to acquire wisdom, to accumulate wealth, arrogate power, or to exhibit the full sway of unexcelled genius, are but the necessary consequences of the free and full use of the faculties of his soul, the magnificent gifts of a bountiful Creator.

Though fame sings her paeans and the world plays the sycophant to the glitter and the gleam of our wealth and our power, yet we are forever branded as the inalienable property of the Creator.

To acknowledge freely this dependence is to practice the essence of religion. For all religion is but a practical acknowledgment of man's dependence upon God expressed in acts of adoration, petition or thanksgiving. "Man is religious only in so far as, in harmony with his own nature, he freely submits his intellect and will to the sovereign authority of God, and in consequence of this submission brings his life into accord with God's law." (Otten).

While man's acknowledgment of his dependence upon God is a free act yet this does not absolve him from the obligation implied for as we are physically able to break all the laws of the state, we are nevertheless under obligation to obey these under pain of the penalty. So while we are at liberty to ignore God's law, we do so under pain of a penalty, which unlike the civil punishment can never be eluded.

We assume the obedience of a child to its parents as a fundamental obligation. The total disregard of parental authority on the part of the child usually ends in the

juvenile court and the house of correction. How then can we view the creature who denies the very existence of his Creator, who not only breaks His laws by physical acts but applies the faculties of his own intellect to the final subversion and destruction of the laws themselves?

The most immoral of all human beings is he who casts off the bonds of religion, for his immorality is fundamental and universal. He takes away the very foundation of morality.

It is a received axiom in philosophy that whatever perfection is found in the effect produced must be contained in the producing cause. "To say then that the creative cause of the universe is but a blind necessarily acting force, is to state in so many words that the effect can be superior to its cause."

The Creator of the universe must contain within Himself all power, all wisdom, all beauty and justice in an infinite degree. That is in a degree which has no limit. Man's soul but mirrors God.

The man who refuses to be the servant of his Creator, who seeks to dethrone God and to abolish religious worship, sets up "ideal humanity" or some other false god to appease the unquenchable thirst of his nature.

Chapter V

INTRAMURAL LIFE AFTER GRADUATION



COMMENCEMENT day which had beckoned to us for so many long years has come and gone. The old crowd has scattered to the four winds. Some of the fellows have gone directly into practice, but the majority of us have deferred our bow to the public until the completion of a term of hospital service. Tilting our chair back against the wall as we sit in the staff-room after dinner and watch two of the men shoot a game of pool, we may close our eyes and shut out all but the occasional click of a ball and the smothered comments of the players. We may, if it pleases our fancy, rehearse the prominent experience of our medical-school life. And if we are inclined to be introspective we may dwell for a moment upon the end result of our course. To be perfectly candid, how do we stand? Are we better for our experience or worse? Do we employ the same criterion to measure worth that we did before we began medicine? If not, why not? What are our secret ideals? To what goal do we press onward?

If we understand the remedy for the disillusionment of our early years in medi-

cine, have we applied it in a practical manner or has this gone the way of numberless other theories? If we have accepted the logical necessity of the presence of a soul within us, do we grant the fact of creation and all that this implies? Our reverie is abruptly ended by the announcement that the "attending" has arrived and will make rounds. As we approach the female ward the nurse in charge comes forward to meet us.

This is a momentous hour for the patients. The visit of the attending surgeon is looked forward to as a sort of universal panacea. The accumulated pain and the anxiety of many hours are summoned for a careful presentation and a sympathetic hearing.

"Temperature normal, wound closed" announces the house-surgeon. "Let her up tomorrow" orders the Attending and the staff moves along. "When can I go home?" asks the patient brightening at this indication of her progress, but the staff has moved on and the nurse looking back shakes her head for silence. For many hours this question has been on the sufferer's lips: the critical time has come and gone and the compressed energy of this period of tension has been wasted. [She

is ignored. The sick and hypersensitive nervous system receives the sting of disappointment and must grapple with it throughout the long uneventful day.

"Anything new, here?" asks the Attending as he stops for a moment before a pale, emaciated figure with large lustrous questioning eyes.

"Nothing sir" answers the "House," "the pathologist is on his vacation and will not return until Monday."

"I have much pain here" sighs the patient, pointing to her abdomen. "Will you not give me something to relieve me and make me sleep?"

"What do you expect?" nonchalantly remarks the Attending as he recalls the adherent pus tubes and broad ligament cyst which he had struggled to remove ten days before. You are lucky to be alive. "You are entitled to some discomfort," he concludes as the usual etiology of the condition comes before his mind.

The eyelids close and the pale face twitches as the staff moves on. Today was her wedding anniversary, but no one here knew. She married ten years ago today, the climax of girlish hopes. Care-

fully reared and protected from evil, she had given herself whole-heartedly to Bob McKay, the best half-back the university had ever had, a good fellow, a good student, and a promising engineer. The first months of married life brought companionship, love and the best of teamwork.

Then came her first visit to the gynecologist and long course of treatments for troubles which were never explained. She became depressed and lost her good looks. Her husband's affairs kept him from home much of the time and the old companionship became a thing of the past. Her yearning for children was never satisfied and finally came the news of Bob's sudden death, then the funeral and the announcement that there was no estate, unsatisfied creditors, parsimonious relatives, the search for work, the discharge because of ill health, the hospital, the operation, and now this final exquisite touch of cruelty, unintended but none the less piercing.

A little further on there is a screened bed where preparations have been completed for a dressing. A breast case which has broken down. The patient is a middle-aged, rather stocky Italian woman. She can neither understand English nor speak it and she relieves her wrought-up Latin

temperament by frequently ejaculating "O, Maria mia, O, Maria mia."

The nurse is amused in a superior sort of way at what she considers entirely uncalled for demonstrations. The house surgeon as he raises the arm to facilitate the dressing, increases the patient's distress and an ill-suppressed scream escapes. "Stop your noise, will you" he commands, "any-one would think we were going to kill you." The gruffness of the tone and his menacing mien adds to the patient's fright and she sobs her way through the remainder of the dressing. She steals a glance at the face of the surgeon and sees there a mingled look of irritation and contempt. She fears to meet his cold and calculating gaze.

And so the female ward is done and we find our way into the hall again and up into the private pavillion.

The hall-nurse appears, immaculate and precise, salutes the Attending and leads the way to Mrs. D's room. A gentle tap on the door and it is opened from within by the patient's special nurse. Great clusters of roses fill the air with their fragrance. Exquisite little personal effects of silver and gold gleam on the dresser and luxurious luggage is heaped up in the corner. On the bed the languid face of

wealth turns a cold gaze upon the visitor and permits him to take her hand. Madame has suffered great distress throughout the night. Something must be done. The attending surgeon, who has placed himself carefully on the defensive since his entrance, assures her in well modulated tones that the source of her distress will promptly be attended to. When can she go home? As soon as kind nature and skill will permit. A word with the nurse, a gracious and solicitous bow and the physician withdraws.

Joining the nurse who has awaited his reappearance, he steps quickly down the hall and knocks loudly upon the door of Miss Wit's room. "Enter Dr. Tom!" a cheery voice calls out. "You are late today" it adds as the doctor admits himself and gazes upon the laughing face of a very pretty sunburned young lady, sitting upright in bed. Her arms encircle her knees and her bobbed hair is tossed back from her neck. The marks of her bathing costume are still plainly discernable through the transparent silken negligee which she has thrown over her shoulders.

"Say! Dr. Tom, I want you to tell me what you took out of me when you operated, Monday. I'm dying of curiosity and

besides I have lots of pain at night, sometimes I can't sleep for hours."

"Oh, we'll talk about that some other time Miss Wit," says Dr. Tom as he playfully pats her cheek and recalls the adherent pus tubes with their twisted pedicle.

"We'll take care of your pain and see that you get a good night's sleep, Good-bye!" he calls, and as the nurse closes the door behind him his patient slips a little hand mirror from under her pillow and proceeds to pencil her lips.

"And, how is our friend in B?" the Attending asks the floor nurse as he approaches a door at the end of the long hall. "She is a little more composed, doctor. Signor Capri has been in all morning with her."

As the doctor is ushered into "the presence," he beholds Senorita seated in a large chair propped with pillows: a beautiful Sicilian with the fire of her race in her eyes. Her arm hangs in a sling and as the doctor approaches to take her hand her eyes fill with tears of anticipated anguish and pain.

"We must be gentle with this girl, for she is easily unstrung and the shock of too much pain will delay healing" comments

the doctor. . With the utmost care he removes her bandage, an ill-suppressed scream escapes the patient's lips, and the doctor immediately ceases his manipulations.

"Just a minute, my dear," he says, in a soothing voice, "It will soon be all over, and you can sing your 'Aida' better than ever before." As the patient meets his gaze she sees sympathy and compassion in his eyes and suffers him to complete his dressing.

The human response to wealth, to beauty, to wit, to fame is a response to ambition and to pleasure. Indeed pleasure has been described as the unrestrained activity of our faculties. We experience delight in associating ourselves with wealth, beauty and fame. Poverty, ugliness and vulgarity on the other hand result in distress, and sometimes acute pain. Who does not recall the pain of discord in music, and the irritation with which we witness work badly done?

If we have compressed the energy of our souls into the acquisition of riches, the battle for fame and the recreation to be found in youth and beauty, we must expect to suffer pain or distress in the presence of poverty, obscurity, ignorance,

premature age and ugliness. And the pain and the distress which we feel will reflect itself in our attitude towards our patients. This irritation will assume the form of impatience, petulance, a lack of consideration and even contempt towards the source of our pain.

There is but one escape from this inevitable reaction. We must learn how to experience the glow of pleasure in our contact with poverty, ignorance and ugliness, instead of the pain and distress which we so often feel. The development of this sense of joy and gratification will come as we learn to appreciate the man or the woman as well as the disease which we see before us. We then hold before our mind's eye the concept of a soul which can never die, that spiritual faculty which separates man forever from the rest of the animal kingdom, created not evolved, created for the express purpose of serving its Maker now, and of enjoying Him for all eternity. If we but grasp the fact that this body which we treat is but the apparel which clothes the soul, that because of its environment and its heredity, it may be very shabby or of exquisite texture, that this invisible soul is the mirrored image of its Maker and our Maker, then and only

then do we have respect for these poorly clad spirits under our care. Respect for the object of our labors will blossom into affection as our vision broadens.

As abstract facts are of a higher order than material, so spiritual values are of a higher order than physical. In the same order, since spiritual pleasures are more exalted than material or sensual gratifications, they give rise to a delectation which by its very nature surpasses all other joys. Can we compare the satisfaction of hunger to the satisfaction which a poet derives from the development of a beautiful theme or which a musician experiences in perfect melody? The latter are more delightful because they are so closely fused with the spiritual. When we enter into the region of the supernatural however, the joys which it is possible to experience are by their nature limitless and the quality of the gratification which we then experience is the most exquisite.

We are all of us like delicate musical instruments, each tuned to a certain pitch. Some of us vibrate to the tone of physical beauty, some to intellectual, some to spiritual. The instrument with the highest pitch may respond also to the lower notes, but that with the lowest pitch can never

respond to the highest. The man whose soul is in sympathy with the Infinite will also respond to physical and intellectual beauty, but the man tuned only to the physical is dumb to the ecstatic notes of the spiritual. He cannot understand the intellectual or the spiritual man. "Eat, drink, and be merry for tomorrow we die," is the force which moves this man. Place him in a banquet hall surrounded by beautiful and voluptuous companions, the air filled with music, delectable viands, fountains splashing, amid an exotic fragrance, his happiness is full!

The intellectual man, in addition to these desires, has developed yearnings in the domain of thought. He will not be satisfied to sit at his friend's banquet unless cleverness, wit, intrigue or science be there to keep him company. He not only enjoys the delights embraced by the purely material man, but in addition the more subtle pleasures which play their part in the intellect.

But what shall we say of the spiritual man, the man who has come into touch with the Infinite? Is he not the perfect instrument, at concert pitch, capable of vibrating with the highest as well as with the lowest tones?


Sympathy and understanding do not include imitation. The spiritual man understands without being understood. His choice of pleasures is the widest of all. Since he may choose, can any one wonder at his choice? Let a man bask for an instant in the ecstatic sunshine of heavenly grace and he is ruined forever for an absolute enjoyment and satisfaction of the mundane.

The materialist looking upon a religious garb declares the wearer a fool. For has he not foresworn pleasures which are the practical goal of every man? The philosopher, the metaphysician gazing beneath externals sees a luminous soul whose faculties have been developed and trained to grasp the beauty, the majesty and the truth of available spiritual joys. He sees these frail and unattractive people unobtrusively treading life's highway bearing aloft in uncertain grasp the fragile vessel of the spirit, brimming over with spiritual consolation and joys. The quiet, calm light of the eyes reflects the beauty of the vision which they behold, outwardly desolate inwardly satiated. This is no driveler, immersed in shallow and unnatural hypothesis, but a successful explorer of a region with which we should all be more familiar.

Granting, therefore, the existence of the immaterial and the supreme satisfaction resulting from obedience to the dictates of revelation and right reason, as exemplified in organized religion, we find ourselves provided with the only means conceivable of transforming our natural aversion to poverty, ignorance and ugliness, into a supernatural gratification and joy.

Chapter VI

INCENSE TO MERCURY

PEED as a means to an end saves many lives. Speed as an end in itself leaves in its wake unnecessary complications and death. Surgically speaking, we are familiar with the operator who makes his incision and his exploration, who determines the pathology with which he has to deal and then proceeds to hover about the periphery of his task, as it were, wasting valuable time in speculation, desultory abusive remarks of an irrelevant nature, and further exploration for possible complications. While this procrastination is to be expected in the tyro, it is not infrequently seen in the man of considerable experience and mature years. When these qualities are associated with an inability to understand the obligation of being on time for appointments, the patient and the hospital suffer. Men of this type, however, seldom leave the comparatively inactive, suburban hospital in which they are less conspicuous in their shortcomings, and if appointed they are soon eliminated from the staff of the active city institution.

The opposite extreme with which we are more concerned is the organized speed

of the great city institution. The speed which governs the amount and the quality of the treatment to the patient. To begin operating on the instant and to finish on schedule is the governing law into which the patient must fit, willy nilly. We may begin the first operation of the morning on schedule—in fact this is a serious obligation—but to finish our work so that the operator who follows will begin on time, thereby allowing the third man to begin promptly, frequently involves a curtailment both in the care and the operation which the condition of our patient indicates.

A man is down for an appendix at 8:30 for example, and he is to be followed by another surgeon who is booked for tonsils at 9:30. Abundant time has apparently been allowed to enable the first man to finish, and the operating-room to prepare for the second operation. When the first operator makes his exploration he finds a small intramural fibroid in the fundus of the uterus, there is some question of other intramural growths. He is confronted with the obligation of doing either a hysterectomy or a myomectomy. The first procedure may take three-quarters of an hour, the second, ten minutes. There

is a doubt as to what is better to do. It is already 9:15 and the second operator has come with his assistant. The first, the longer procedure, is indicated, but the decision is not clear. Time passes, the house officer whispers to the nurse to boil the nose and throat instruments. With this casual whispered remark the delicate balance of judgement falls, the shorter operation is done, the abdomen is closed. Speed has won, and a grain of incense is cast into Mercury's smoldering censer.

The second operator follows on time, he is to be finished by 10:15. Forty minutes is more than ample for such a case. Unfortunately the patient develops an unusual amount of hemorrhage. The bleeding continues and the minutes pass by. Repeated attempts to control this have failed. It is already 10:20, the third operator is on hand and anxious to get through in order to make room for the last man who is to begin at 11:30. The bleeding is practically controlled, there is only a gentle ooze, and the next man is waiting to operate. The bleeding should be stopped here, and now. "But it will probably stop by itself" remarks the operator and calls out to his confrere assuring him that

he will be out of his way directly. "I think we can take a chance now" he concludes. The balance falls and another grain of incense is cast into the swinging censer.

The last operator who expects to remove a diseased gall-bladder, begins work fifteen minutes late. The operating nurse is a little out of sorts for she has gone without her lunch for three days, in succession. The house surgeon suppresses his irritation with difficulty for his Attending has just arrived. He himself is wanted on the telephone, two patients have just been admitted, there are fractures to be put up and an intravenous for him to do, not to mention in passing that this is his afternoon off. Thus by their very impatience and petulance does the operating room personnel burn incense to Mercury.

The lay anaesthetist is improperly trained and there is a prolonged period of excitement during the induction of the anaesthesia. As the incision is about to be made the patient begins to vomit and to move about on the table. Another delay ensues. After some minutes the patient is brought under control. The operator observes that it is 11:25 and as he makes his incision he hears the voice of the last

surgeon echoing down the corridor. As the patient is difficult to relax it is impossible to secure a good exposure of the abdominal contents and the exasperated surgeon swears softly to himself. The anaesthetist who has been absorbing the general atmosphere of tension pushes the anaesthetic in order to protect herself. The patient suddenly relaxes completely, her pupils dilate widely and she ceases to breath. Artificial respiration is immediately resorted to and the sphincter is stretched without avail. From out the lusterless cornea stare the great black pupils. The lips and ears are livid and no pulse can be discerned. The patient is dead. "Cardiac failure?" inquires the frightened and breathless anaesthetist. The surgeon silently assents. "Speed" declares fair judgement and right reason. This woman is a victim sacrificed to haste. Speed was the exciting cause of this death. For the shortcomings of the inexperienced lay anaesthetist under ordinary conditions would not have been in evidence, but the pressure which haste imposed was too great a burden for her to bear. It overcame her poorly instructed caution and resulted in the tragedy which we see.

And so does general surgery worship Mercury. These conditions are inevitable, you will say. There is a large volume of work to be done and our facilities are limited. These facts cannot be gainsaid, but relief can be found in individualizing. If we in our actual treatment focus not only our attentions, but our sympathy upon the patient suffering operation the compilation of statistics will follow naturally and bear valuable fruit. If we look upon our patient as a man or woman with life and interests as involved as our own, sick with appendicitis, instead of looking upon the patient as operating material, a probable appendix in class C, Muller's classification, we shall lay the foundation of justice to the sick under our care.

The individual patient must be the center about which all the activities of the hospital are made to revolve. She must not become a mere element of the system. If we constantly bear in mind that the object of our labor is to cure the patient, that relief from existing pathology is the sole reason for this patient's presence in the operating-room, that this patient trusts us so implicitly that she has voluntarily placed her body and her consciousness in our hands and that our acceptance of

this trust, however informed it may have been, places a moral obligation upon us to do everything in our power to meet existing conditions, then will our attention be focused upon our patient to the proper exclusion of all other interests. Accidental delays will occur in the face of the wisest preliminary arrangements. But if the underlying purpose of the operation is constantly borne in mind, the operator will find it a simple matter to ignore completely the temporary inconvenience of the operating-room personnel and the man who is to follow. For the same reasons these latter, will, by placing their impatience at the feet of the victim suffering operation, find it easy to postpone their own convenience to the greater present good.

Nevertheless, it is not fair to expect the operating room personnel to practice self-sacrifice, when to the burden of these renunciations is added a lack of appreciation on the part of the management. As the patient must be the center of the hospital interest, so those who minister most intimately to her must receive the next consideration. The housekeeping arrangement should be made to yield absolutely to the convenience of the oper-

ating personnel. The servants in the dining room should wait upon these members of the staff, at any time they appear for their meals. If this ideal cannot be inculcated, additional pay will usually carry its argument.

The patient expects and deserves the best possible care. It is only by attention to the minor sources of irritation in an institution that we may expect the best results.

While the adult patient suffers in the manner which we have set forth, the children by no means escape.

The afternoon is to be a busy one according to the bulletin. Dr. Bond will do fifteen tonsils and there are three mastoids posted for Drs. Smith and Brown.

The afternoon work accomplished, Doctor Bond returns to his office somewhat earlier than is his wont. "Yes, I was at the hospital" he answers, in reply to his wife's query, "but we made good time today, did fifteen tonsils between two and four." The hospital report merely records fifteen cases with no deaths. The yearly total, it was thought, would be greater than last year's, when only 13,556 cases were operated upon.

But let us stop for a moment and witness the afternoon's work as seen through the eyes of one little Johnny Jones who was the last of the fifteen to "be done".

About one week before the time set for the operation Johnny's mother took Dick, his younger brother, and himself to the hospital to get some medicine for their colds. After sitting in the malodorous and poorly ventilated clinic, from 9 until 10:30 they were shown into a little closet of a room where a doctor in shirt sleeves and white duck trousers sat on a swivel chair, swinging his feet in the air.

He listened to the mother's story with undisguised ennui and when she had finished speaking said to Dick, "Sit up here young one; open your mouth."

And as Dick did as he was told the doctor took a flat stick from the nurse and pushed it way into the back of his throat. Dick pulled away his head.

"Keep your head still, will you, kid?" the doctor commanded. "How do you expect me to see what's the matter when you pull your head away?"

Dick took a sudden and intense dislike to the throat-stick and sat with teeth clenched. "What do you want to look down into my 'stomick' for, anyway?"

he wailed, "I only got a cold, me muther says so. I want to go home!"

The doctor got up, went to the window and started to roll a cigarette. "When that boy gets ready to have me look at his throat, we will proceed," he remarked.

Johnny's mother with tears of embarrassment and annoyance in her eyes, begged Dick to open his mouth so that the doctor could see. Yielding finally to his mother's entreaties and to the bribe of an ice-cream soda, Dick permitted a second inspection. By this time however, the nurse had slipped behind his chair and the doctor straddle-legged on a stool gripped the boy with his knees. A loud, ah! a gurgle and a gulp, and the examination was made.

"Next" the doctor snapped at Johnny who was becoming more and more panicky by the minute, but unshaken in his determination not to show the white feather. It was over in a moment, and Johnny found himself following his mother and Dick down the long corridor which led past numberless little closet rooms to the desk near the exit. Glancing at the slip which his mother carried he read, "T and A, report Thursday p. m." That was all. As he stood nervously twisting his cap in his hands

waiting for his mother to finish her business with the nurse, a low moaning followed by a shriek of pain filled the air, a door across the hall was slammed and Johnny saw the words "minor surgery" painted upon it.

How good out-of-doors seemed. Fear melted in the warm sunshine and the boys were anxious to recount their experiences to the gang. Imagine the excitement when it was found that Tony, Tony's sister Isabelle, Buck, Tom and Louis had suffered the same experience and the hieroglyphics seen on the card at the clinic meant tonsils and adenoids, operation Friday afternoon.

Thursday evening the boys found themselves in the children's ward of the hospital. Supper was served at a long low table and was more or less neglected by all, except Isabelle who, ignoring the strangeness of her surroundings offered her bowl for more bread and milk. Cathartics were then served, a fitting sequel to a cheerless meal. Dusk was followed by a restless night. Beds were new and strange, the covering was inadequate. A desk lamp burned throughout the night and down the corridor the night nurses talked and laughed. Before the day dawned calls of distress were frequently heard, ample

evidence of the previous evening's medication.

Everyone was wide awake by six o'clock for the hospital routine must be observed. The night nurses had work to do which must be completed before the day shift came on. As Johnny and the others were down for operation, however, they did not receive a regular breakfast. A cup of broth and a single cracker, was calculated to be sufficient. The day was cold, a penetrating northeast wind rattled the windows and piled the falling snow against the sash. Noon time arrived, then one o'clock and finally the clock struck one-thirty.

The telephone rang and the nurse who answered said: "Yes! Miss Baum, I'll send them right up, there are fifteen today!" Hungry, thirsty, cold and scared the children were told to put on their socks and come along. Up the elevator to the top floor they went and were led finally into a sort of an ante-room, to what proved to be the operating room. There they stood, helpless and bewildered, shivering in their shirt-tails. Finally a tall house-doctor in a gown looked in at the door and nodded.

"Just two o'clock" he said to the nurse who accompanied him. "Let's get started.

We'll take those two over in the corner, first," he concluded pointing to Isabelle and a little blue-eyed tot of a girl who sat mutely in the farther corner of the room.

The doctor left, and the nurse took the two children by the arm and led them out across the hall. Silence reigned until suddenly Johnny heard Isabelle cry out "Stop! take it away! Oh mamma!" and scream after scream rent the air. "Hold her tight" he heard the doctor say. A scream, followed by a low gurgling sound interrupted him. "She is gone now," the voice continued after a short silence; "she was a regular fighter, wasn't she?"

The children huddled together in the little ante-room, drew nearer together for mutual protection. The boys, remembering their obligation to be mannerly, kept up a rather nervous conversation, but the girls yielded to their terror and wept silently. The nurse reappeared and left with two more children. As these disappeared across the corridor Johnny saw a stretcher emerge from the operating room. On it was a small figure partly covered with a blanket. As this arrived opposite the door of the ante-room, the nurse who was propelling it, stopped and retraced her steps, leaving

the patient in full view. It was a child and she lay as she had been rolled, on her face. Dark blood emerged from her mouth and covered her cheeks. Her unseeing eyes rolled to and fro as she breathed in deep sobbing gasps. As Johnny looked he recognized this object of woe to be Isabelle. Dick saw her too and as he did so the last vestige of self-control fled and he wailed aloud in his panic and fear for what he knew was to befall him.

To the uninitiated the sight of blood is a terrible thing, as we can well recall in our experience the sickening sight of a simple nose bleed. Imagine this increased tenfold before the frightened gaze of the trembling victims of the little ante-room and we can realize the frame of mind in which these remaining children approached their operation.

Finally all had left but Johnny. Stretcher after stretcher had been trundled down the corridor. A house doctor looked in at the door. His hands were soiled with blood. His gown and cap covered with splashes of red, and even his glasses were spotted. "Here's one more" he called out to the operating room team. A nurse appeared and beckoned Johnny to follow. Shuddering, sick at heart and weak from

his long fast, he obeyed and crossed the hall with his guide.

They entered the anaesthetizing room together. The air was heavy with ether vapor. Over by the wall on a stretcher a child lay struggling and sobbing in his anaesthetic sleep. An orderly as big as a policeman was pinning down his hands as he squirmed. The intern at the head was holding a towel covered cone over his face removing it at intervals to pour in more ether. As Johnny stared wide-eyed at this spectacle, a doctor appeared from out of the operating room. His hands were bloody and so was his gown.

"Jump up on the table" he commanded. "What are you so scared about, I'm not going to kill you," he added, as Johnny instinctively put up his hand to protect his face. "Now you lie still and breath this in" he concluded as he jammed a cone over Johnny's face.

Johnny squeezed his eyes tight and held his breath. Finally he must breathe and as he did so a desperate strangling sensation seized his throat. He tried to free himself to breathe but his arms were pinned to his side. He screamed and choked and fought with all his might. Many colored lights flashed before his eyes, some-

one cried out, "Hurry up Jones, we're late, soak it t—o h—i—mm," the last word echoing down the long vista leading out of consciousness.


We have considered a common event from two angles. From that of the doctor who has concentrated upon technique and speed and from that of the average child, who is brought to the hospital for relief. Incidentally the latter view is that of the adult as well; and as such demands thoughtful consideration from the hospital management and staff. That these conditions are commonly seen cannot be denied; that much of the mental agony experienced may be spared, is also undeniable. But speed must be sacrificed, as also the convenience of the hospital personnel. Cathartics could well be administered 72 or 48 hours before operation, at the patient's home, thereby allowing a tranquil night. Operations could be done in the morning avoiding thereby, a long fast. The children could be sent up to the operating room, as required, even though a delay of a minute or two be thereby occasioned. It would be entirely feasible to prevent those who have been operated upon and those who are being anaesthetized, from falling under the observation of those await-

ing operation. The anaesthetist could devote a little more time to the sympathetic approach of his patient if this too did not imply the loss of five extra minutes. But time must be saved or the work will not be done according to schedule.

Speed in practice has become an end in itself. Not only individuals, but institutions as well, cast incense into Mercury's censer and swing it by their work to the music of the spheres.

Chapter VII

TRIBUTE TO CAESAR FRANKINCENSE TO GOD

HE public has been trained to look upon white iron fixtures, tiled walls with curved corners, and concrete floors inlaid with battle ship linoleum, as a combination, essential to modern hospital architecture and interior decoration.

The more nearly the patient's room conforms with this fundamental scheme and the more resplendent the operating amphitheatre, with polished brass and beautifully glazed walls, the nearer the institution is to the popular idea of perfection. It is natural that these externals which the patient observes should have great weight, for what does the average layman know of strict surgical asepsis.

Almost every small community boasts of its new and splendidly equipped hospital. Built by the aid of drives and largely supported by fairs, bazaars and large benefactions, these institutions care for thousands of sick. By reason of their appeal and proffered ultra scientific care, they attract the acute and the chronically ill. In the course of a single year, such a hospital may attract within its walls,

sufficient disease of a septic and contagious nature to thoroughly saturate it. Bacteria do not die of shame in the presence of aseptic furniture. Preserving their potential energy for reinfection and death they live in the joints of the operating room table, in the suture material and in the dressings which are allowed to be contaminated in their passage from the dressing table to the open wound. The torn rubber glove on the improperly washed hand of "the occasional surgeon" who does the emergency appendix; the carelessly draped patient and the pretty nurse whose blond hair is sufficiently unrestrained to impress the medical personnel, all harbor death.

The hospital may be complete, and the personnel charming and well informed, but if the technique is imperfect this institution for the relief of the sick becomes an institution for the spread of disease. The standardization of hospital technique for the protection of the public is of infinitely greater worth than the addition of new furniture and rooms.

The limitation of the patient's point of view to external non-essentials makes him correspondingly severe in his condemnation when these things which he considers

absolutely necessary, are conspicuous by their absence.

It is natural for the well informed layman of means, to conclude that an exterior which expresses freedom from germs implies a corresponding care in the matter of surgical technique and vice-versa. Such a layman upon being ushered into a hospital by a small boy whose duty includes, managing the switch board, answering the door bell and running miscellaneous errands, is not well impressed and as he observes the old-fashioned ornate wood-work, however well varnished, the spare hall carpet, however clean and the wainscoted and painted walls however glistening from their latest scrubbing his scepticism increases. Neither is he consoled by the comfortable upholstered furniture in the sick room, the carpeted floor, and the chromos which adorn the walls. On his way out he glances into the operating room and as he observes the narrow quarters, the worn fixtures and the "washed gauze" hanging out to dry, he concludes "this is no place for me." And this man is reasonable for he judges according to commonly accepted popular standard.

The medical man approaches the situation somewhat differently. He has been

taught to value the aseptic qualities of glazed surfaces. When he observes walls, floors, operating room and sick room furnishings well done, skillfully executed in design and texture, he experiences pleasure. For pleasure is the free exercise of a developed faculty.

On the other hand, when he sees the principles of asepsis tacitly ignored, where not absolutely indicated, when he observes ante-Listerian furnishings in these post-Listerian days, the contradiction distresses and annoys him. But because of his wider point of view he tolerates these discrepancies. He realizes that the true test of a hospital's asepsis is in its surgical technique. He understands that narrow quarters, worn fixtures, and washed gauze may be entirely compatible with "perfect surgical asepsis." Satisfied in his own mind that the institution is at least safe, if not attractive, he does what he can to meet his patient's objection to becoming a lodger therein and breathes a silent prayer that the management will soon awaken to the needs of the public and make it unnecessary for him to apologize.

The great city hospitals, public and private, awaken our just pride. They are magnificent architecturally, the centers of

research, completely equipped and splendidly manned. Here surgical technique is carefully planned and perfected; operating room censors anticipate lapses which later are checked up by the pathological department; hyper-critical medical students are invited to report their observations and well prepared cases and perfected team work are a constant source of pleasure to the critical eye. These great institutions are completely equipped to treat and cure our diseased bodies.

On the other hand, the large urban hospitals which are under the control of religious communities are frequently a source of perplexity to those of us who have become accustomed to the best obtainable in hospital externals. We are puzzled to explain why these institutions do not rank as models. It is difficult to arrive immediately at the point of view of the personnel laboring in these establishments. In order to do so one must imagine that he has cut himself loose from all his life interests and concentrated his energy in the immediate labors of a hospital life. Under these circumstances he will find that the minor details with which hospital life abounds will assume an importance out of all proportion to their real value and in

addition will become keenly personal. A woman who has contributed her natural, maternal and domestic instincts to the life of a religious community does not lose these qualities, she merely transfers them to her new field of activity. She finds an outlet for her energy in the care of the office, the sick hall and the operating room. Having no greater outside interests she focuses her entire energy upon her duties. The result varies with the temperament of the individual. The personal interest which is thus invested in an institutional duty may result in one of two conditions. It may give rise to an intense aversion for this particular work, or to an interest and attachment which clings fondly to furniture, methods and technique. Under the latter circumstances it is not unnatural that Sister should be very much upset when some stranger blows into the hospital, and in a perfectly impersonal manner demands that she immediately give up the furniture which she had learned to love, the methods which she had devised, and the technique which she feels cannot be improved upon. It must be remembered that this is all the home that Sister has, that she has lavished her best care upon it and that she is in no position to get the

constantly progressing scientific point of view. Give her this last, put her into intimate touch with constant progress in hospital management and technique as is indeed being rapidly done by the newly founded hospital associations, and she will sacrifice once more the things to which her natural affections cling, for the greater good of her patient whom she loves with a spiritualized maternal love.

We are shocked when we see old-fashioned methods, the result of habit and financial embarrassment, but we are still more astonished to learn with what little interest these hospitals hasten to meet the demands of the cultured and the wealthy. We are amazed to find that the extremely wealthy patient is almost as out of place in a hospital under religious control as a poverty stricken, repulsive illiterate would be in a private sanitarium. We are puzzled to find that wealth is looked upon here as merely a means to an end and not an end in itself, and that the poverty stricken sick are not only accepted without question but that in addition they find a sincere welcome. Note the nature of the greeting which the sick poor receives in the various hospitals of a large city, the destitute patient whose very disease is uninteresting.

The municipal hospital receives him in the spirit that a trolley-car conductor takes a passenger aboard. The great private hospital, under non-sectarian control, receives him with reluctance for the reason that it is under obligations to do so, because he is not an acute case and consequently does not afford an opportunity for interesting study. He is merely a chronic rheumatic, or an old fracture, or a discharging sinus. When this patient applies for admission to the religious community, he applies and is received as a poor man who is sick and in need of help. The welcome which he receives on admission continues to be a personal one throughout his residence.

We are, therefore, brought to the conclusion that hospitals under the control of religious are primarily intended for the poor, that little real effort is made to secure the patronage of the wealthy, however much financial assistance may be needed.

The strange dilemma of an institution being in dire financial straits and yet refusing to accommodate its attitude to the demands of the wealthy, is subject to but one interpretation. Its gaze must be fixed upon something which it perceives

as more attractive, of greater worth than mere wealth.

We have noted in our comparison between the ward and the private case, how our natural repugnance to poverty, ignorance and ugliness can be overcome by developing within us our inherent pleasures for spiritual values. And that since the spiritual pleasures to be had thereby totally eclipse by their very nature our natural material satisfactions, they are to be earnestly sought after. We applied these principles to the individual attending physician. These axioms, when adapted to a collection of individuals, or a community, result in a spiritualizing process which governs the thought and the attitude of the institution. From this point of view, then, it is easy to understand why the community hospital welcomes the sick poor, for in him it sees with crystal clearness the mirrored image of his suffering Redeemer. The keen pleasure which accompanies this act and the spiritual exhilaration which flows from it, places the thought of "the pursuit of funds" and "homage to the wealthy" upon an unattractive and a vulgar plane. The community hospital is right in refusing to seek the patronage of the wealthy as

an end in itself. Its attitude expresses the belief that all men are equal before their Maker, that it is its supreme mission to seek and cradle the sick poor. She assumes the presence of a responsible christian charity in those who possess wealth. Receiving this charity, which is her just due, she will immediately become a scientific leader by reason of the power conferred by wealth. Denied this charity, she is content to follow her celestial ideals, clothed in substantial if unattractive garments.

Chapter VIII

FLOTSAM AND JETSAM

WRECKS on the high seas of life, blown by the changing winds of fortune, floating for a time and salvaged, or sinking forever into the "deep".

Such are the sick who fall under our observation. It is well to heed these cast-aways of life's storms, for who can tell when his own frail bark will be thrown helplessly adrift on the perilous waves.

The actual experience of Helen Stiles as recounted by herself, is illuminating as an example of the whims of fortune. For within the short span of ten years she was dashed from the lap of luxury to the depths of poverty where after experiencing destitution she was lifted up again to the enjoyment of wealth and culture. This salvaged flotsam related her experience to me, as follows: "We had played tennis all afternoon at the club, and after a short swim in the bay we crowded into Jim's car and swung down the long meadow road to the turn pike. The great red sun in the west sank suddenly below the horizon and its parting rays were caught by the thunder clouds gathering in the northeast. The

pungent aroma of the deep woods fell upon us as we sped through the pines and the sweet scent of the new mown hay was borne upon the mist which hung in the valley. As we pulled over the crest of the hill we could see our place set on a knoll, overlooking the country side for miles around. The clustered hemlocks, junipers, and the cedars at the entrance to the drive cast long shadows on the lawn and the massed salvia about the porch glowed softly in the deepening shadows. The gravel craunched under our wheels as Jim shifted gears to make our drive, and as we rolled up the gentle slope, I glanced at the heavens and saw the rose light fading from the clouds fast spreading over head. Fitful flashes lit their melancholy depths and as we mounted the steps of the piazza the first drops fell.

“As the rain began in earnest my headache increased and I found my way up the broad stairway to my room. I threw myself on my bed as I was and after tossing about for a few moments fell fast asleep. When I awoke it was dark but the cool light of the harvest moon fell across my room and shimmered over the silver on my dresser. Someone had entered and covered me over as I slept.

With a contented sigh I cuddled my pillow and rolled over for another nap but I was no longer sleepy. My head was as clear as a bell, and as I heard Jessica's sweet voice below carrying a melody from the 'Merry Widow' a new musical comedy just out, I jumped up, flashed on the light and proceeded to dress for dinner."

Poverty, Disease and Its Attendant Evils.

"The patient in the bed next to me was a colored woman and as this was visiting day, her family was gathered about her. At the end of the ward was a bed which had been screened for the past forty-eight hours. The word had passed that the patient was dying, and as her moaning ceased during intervals of exhaustion we concluded each time that she had just died. I was an ambulatory case. Passing through the hall a few moments before I had seen the trays for the private rooms bound for their destination. Consequently the dinner which had just been laid upon my bed-table remained untouched.

"Dr. Martin Penbroke had written a letter to the attending surgeon, Dr. Frank, explaining my circumstances to him, so that when I saw the latter enter the ward

and say to the nurse, 'Where's that case Dr. Martin sent in? Take her into the dressing-room and get her things off,' I held my breath in expectation. Five minutes later without any preliminary remarks by way of introduction, he grasped my broken arm and said, 'How did you do it? What! a stiff elbow too? How do you expect me to fix your arm with a stiff elbow?' I bit my lip but could not keep my face from twitching with humiliation. Why was this man so blind to the distress of my poverty, that he added to this, by humiliating me.

"Two medical students entered the door. Looking up, the doctor said, 'This, gentlemen, is a case of pseudo-arthritis complicated by ankylosis of the elbow joint. Take her out nurse, we'll do her Friday.' Late that evening the night supervisor stopped by my bed. 'Why are you crying Miss Stiles?' she said. 'Does your arm pain you?' 'No, it's my heart that pains me. Why did Doctor Frank treat me so? I hate him and I'll not let him touch my arm.' 'O, you mustn't mind him, my dear,' she said, 'it's just his manner. I've some news for you. Doctor Williams said that you were to be moved into the semi-private ward, that you were a

lady and had no business to be here, that if we did not move you out, he would do it himself.'"

Financial Recovery
and Peace.

"The gentle April breeze billowed the draperies of my window casement. My table lamp cast a soft glow over the tray of dainty dishes which my nurse had brought in. Cuddling very close to me, his eyes closed and his little fat cheeks as red as a boiled lobster, snuggled my new baby, the crown of my anguish and my pain. And now this rest, so soothing and so sweet lay upon my spirit like a balm, healing all my wounds. As I gazed on my baby a bell rang loudly through the hall and the muffled scream of a woman in labor came to my ears. 'That's one of the ward cases in the delivery room, Mrs. Preston,' said my nurse. 'The poor things, you little know how they suffer.' I hid my face against my baby's to conceal the memories brimming there, my pity for those whom fortune had refused to favor, and as I raised my head, I saw my Doctor smiling down upon me.'"

Sometimes We Are Dazed by an Unlooked for Flash of Beauty When We Expected but Dun Squalor.

A mite of a girl lay flat on her back slowly recovering from a desperately bad

case of appendicitis. Scarcely anything remained of her but her unconquerable spirit. She was septic to her finger tips but clung tenaciously to life. Her mother, a poor scrub woman, sat by the bedside holding her hand. The sick girl's eyes slowly opened and recognizing her visitor the child said, "Mother, did you water them geraniums of mine today?" There was no response, the eyes slowly closed and in a tired, low voice she sighed, "Mother, when I get home I'll beat you good, for that."

An Excursion Into the Realm of the
Unconscious.

He held out his hand and smiled as he said "Good morning, Doctor!" (Many times during the Saturday afternoon clinic, I had looked up from the pit in the amphitheater and observed this earnest young face watching the progress of our operation. As I stood in the anaesthetizing room two weeks ago, this boy was wheeled in upon a stretcher. He had developed an acute abdominal condition which demanded immediate operative interference. I knew that he was interested in anaesthesia. Indeed, he told me that he had

just begun to study a work on the subject. As we were speaking the anaesthetist entered and began the anaesthesia. I determined to see this student after he had recovered from his operation, and to inquire into his psychic impressions as he lost consciousness.) "Sit down," he said, "awfully glad to see you. You are curious to know of my anaesthetic experiences? Well, they were a bit unusual." When I had closed the door into the hall, he begged me for a cigarette and after a couple of deep inhalations flicked the ash off in the saucer of his tea-cup and began.

"My turn was next. Familiarity with medicine does not ease one's anxieties. I have seen several patients anaesthetized, and only last week, I read a chapter on the history of anaesthesia." Stopping for a moment to draw on his cigarette, he continued. "It was this way: When the anaesthetist came in, he said, 'Breathe naturally through your mouth' and with that he applied the face piece. The door to the operating room was ajar. I could see the white iron furniture covered with sterilized goods, and I could hear the tinkle of many instruments. A breath of the sweet gas and my sight grew dim. The walls were no longer white. The room

seemed smaller and strangely quiet. I no longer smelled the gas or felt the pressure of the cushioned face piece. I looked at the anaesthetist. He sat rigidly on his stool gazing intently at the apparatus which he held in his hands. 'Sorry, Doctor', he said, 'but we haven't any more gas and the ether is all used up—guess we will have to operate without.' 'O, but you can't do that,' I stammered. 'That would be the limit!' The operating room door was thrown open. A great head with grey side whiskers protruded around the corner and a deep voice said, 'Bring the patient in, John'. So in we trundled on our rickety carriage. The walls had been darkened and two straight wood chairs and a heavy dresser had taken the place of the white iron furniture. On the dresser lay a great saw and two long knives. As we entered, the surgeon proceeded to sharpen one of these on an ordinary whet-stone. When he was done he cut a hair which he held between his fingers. I was placed on a plank table, and three orderlies with dirty aprons stood by. A gentleman in a long frock coat stood at attention with a huge watch balanced in his left hand. 'Ready, Dr. Lister!' he said. The Doctor took off his

coat and tried the knife on his thumb. 'Time me,' said he grasping my ankle in his iron grip. The orderlies threw themselves upon me. I groaned, gasped and drew away my foot. 'Try not to move your foot, Doctor' a soft voice whispered in my ear. Mingling with the odor of ether, heavy on my breath, was the fragrance of cigars on my table."

In Which it is Seen that the Spiritual Faculty
does not Depend upon a Perfect Physique
for its Highest Manifestations

"Sister Marie Dolores (nee Mary Ryan) possessed in a remarkable degree that irresistible fascination known as personal magnetism. Temperamental by virtue of her ancestry and refined by the culture which accompanies several successive generations of wealth, she seemed misplaced for the free exercise of her unusually developed social faculties. I was very familiar with that form so somberly clad; and cherished the confidences with which she honored my prudence and experience. It was then with real pain that I was called to attend her one evening, to reduce a fracture of the lower third of her right humerus. As the callus slowly formed, I saw to my consternation the ever increasing musculo-spiral paralysis extending down

over those graceful, active tapering fingers. She saw it coming too, and looked at me with such anguish swimming in her eyes, that I sometimes had to bite my lip till it was salty to keep the courage in my face.

“She was sitting at her desk as I stepped into her room. Her arm and powerless hand hung in their sling. But I observed that she was laboriously writing with her left hand in anticipation of permanent disability. As she saw me she quickly arose to her feet, blushed a little and said with a smile, ‘Doctor, I have just made a discovery. I find that I am ambidexterous. See how willingly my left hand has accepted the burden that my right carried so deftly.’ She handed me the paper on which she had been so patiently but so cheerfully practicing and glancing at it I unconsciously slipped it into my pocket. After dinner that evening as I sat before the open fire and pulled out my pocket-memorandum to post my calls, a folded sheet fell to the floor.

“I picked it up and read as follows: ‘The Dream of a Rose.’

“I found myself, all alone, save for the little lamp far above my head. It was so still I just wished something would

happen. I was not a bit tired. The unusual surroundings were novel enough to keep the most blase flower from falling to sleep.

"A small figure in a red robe appeared from out the gloom, carrying a light on the end of a stick. He walked directly toward me, but knelt as he approached what seemed to be velvet covered steps.

"As he knelt I could see the outline of the altar on which I rested. It was of white marble, and in its center gleamed a panel of gold. For the first time I saw that I was not alone as I had imagined, for all about me breathed narcissus, filling the air with their sweet perfume.

"The boy arose, mounted the steps of the altar and lit the candles which stood among us. It was soon brilliant with lights. Illuminated brackets sprang out of the gloom disclosing pews in which many people knelt. It seemed so strange that I had not felt the presence of all these. I must have been more weary than I thought.

"A priest and two altar boys stood before us. He spoke in a strange language. His voice became that of a suppliant. He mounted the altar steps, moved from one side to the other. Finally he

stood before the little golden door. Before him on the altar was a chalice. He bowed his head, then looking up to heaven he extended his arms in entreaty; a bell pealed forth; a mist seemed to gather before my vision; a delicate aroma filled the air. The tinkle of many silver bells fell upon my senses as lightly as a dream. A feeling of exquisite calm came over me. The mist became more dazzling; it seemed to be on fire. The tinkling bells suddenly increased in volume. They crashed upon my senses with the roar of an avalanche; they bewildered me. But, as I became more accustomed to them I could perceive that the sound was not a simple one; that the most delicate strains of many violins came clearly to my senses, amid the tinkle, the boom, the rising and falling, the perfect cadence. Celestial voices singing, exquisite in their fulness and beauty, perfect in their harmony, extreme in their infinite variations. Tones pitched as high as those of the most slender throated denizen of a virgin wood: but purer, far purer, and sweeter came from the myriad choir of angels. And low tones so solemn, it seemed as though all the rock-bound shores in the world had melted the roar of their sea foam into one great beach

where breaker after breaker tossed its wind-swept crest into a yawning chasm.

“As my sight became clearer I could see the chalice all radiant with light, and as I looked, a spotless dove, with outstretched wings, hung poised above the sacrifice.

“My head bowed, pollen floated from my powdered anthers, my petals folding hid my face from God’s dread sight.

“When I opened my petals the vision of heaven had left me. The priest had moved from the center of the altar, and the sacred chalice was hid under an embroidered veil.

“The lights went out one by one and silence came again. I would soon die; I felt it. The water, in which I rested, could not quench the thirst in my parched stem. My head sank, my perfume came in gasps. Particle by particle my pollen fell, and slowly, one by one, my petals parted, quivered and dropped on the lace cloth. The little altar lamp so far above me flickered, I gave a last gasp, turned towards the little golden door and bent my head in everlasting sleep.” Such was the —————.

The broken sentence marked my interruption of this mystical meditation. As I

gazed upon the labored page so replete with spiritual beauty, I recalled the arguments which I had once heard in defense of the presence of a spiritual faculty in man. Beautiful virile concepts born in the throes of physical embarrassment and pain. An exhibition of the spiritual faculty tuned to concert pitch, enjoying ecstatic pleasure in the unrestrained activity of its sublime nature.

In Which the Charm of the Middle Ages is Glimpsed and We Are Led to Think on Divine Worship, Morality, and Religion.

My old classmate Bob Evans had called me for a consultation in the suburbs. As I swung off the train an hour later I saw him pacing the platform eyeing the passengers as they alighted. As he caught sight of me, he strode forward and clasped my hand with both of his. "Hello! Old Top!" he exclaimed, "awfully glad to see you." Seizing my arm he hustled me toward his car. As we swung away from the station platform he looked at me rather whimsically and said, "Well Charley, I've got a new 'one' for you this time. I'm taking you to a real honest to goodness monastery, inhabited by real live monks." He then proceeded to rehearse the parentage of our patient. When he began to consider the matter of

occupation I saw a twinkle of merriment in his eye. "His chief occupation is that of a disciple of St. Francis of Assisi. He is an ordained priest. Incidentally he does odd plumbing jobs that come up, tends to the electrical plant, has made his own radio outfit, is an artist of no mean talent having just finished a mural painting for the chapel. He is the emergency organist and in his spare time when he is not reading or discussing politics he writes moving picture scenarios and teaches Latin."

We soon arrived at our destination, a long low building set on a hill. The door bell clanged and in a few minutes we were admitted by a sandaled lay brother in a brown habit. Bowing, he lead us through a long corridor to a scantily furnished reception room and left us to go in search of our patient.

As he disappeared, we proceeded to discuss our respective impressions of monastic life in general and of monks in particular. Our conversation was interrupted by the entrance of our patient.

To my astonishment I recognized my friend of the old hospital days. He seemed as happy to see me as I was to discover him. "Why I never dreamed to see you here" and I would have said "thus" but for a

sudden recalling of the nature of my visit. "Yes I was covering a downtown parish for a few months during the sickness of one of the regular assistants when we met last. Are you still interested in obstetrics?" he asked with a smile.

Our examination concluded, I accepted my patient's invitation to walk through his garden and as the monastery conveyance was at hand, determined to take the evening train back to the city.

My friend had aged. I could see the grasp of death fast closing upon him and I marvelled at the serenity of his spirit, as we discussed the reasons for and against a mutilating operation.

Seated in the long shadows of the Lombard poplars we saw the cloudless blue overhead, cool and clear, mellowing as it sank westward. "I have never forgotten your talks when I was at St. John's," I said. "Do you remember how peeved I was at what I considered your intrusion into my medical care of the patients. You made the obligations of religion towards the saving of souls very clear to me, that evening in the staff room. I see you are working hard here. You seem to consider this as a duty. Do you consider Divine worship an actual duty?"

“Yes, Divine worship is a duty,” he said, gazing thoughtfully into the distance and fingering the polished beads that hung from his waist.

“You see religion is both objective and subjective. It is objective because of man’s abject dependence on God. He owes Him obedience, gratitude, love and adoration. Objective religion is therefore the sum total of duties which man owes to God. But it is also subjective by virtue of the promptness to act or the virtue which inclines man to give God the homage and service due.

“Therefore religion cannot be merely a matter of conviction, sentiment, or of objective dependence, exclusively. The theoretical passive objectiveness must be accompanied by the practical active subjectiveness. The objective fundamental truths acknowledged must find their acceptance in subjective practical daily acts.

“Religious practice is human life itself, shaped by the influences of religious principles. Then too, religious practice or the exercise of religion consists of two different classes of acts, mental and physical. These in turn must find their expression in private and public worship.

“While some feel that God is satisfied with the worship of the heart, yet it is

obvious that physical homage must also be paid. Imagine for example a city refusing to acknowledge in a physical manner the visit of a supreme dignitary, or a college assembly totally ignoring its president except to think of him fondly or in some other manner. The fact that God is invisible does not alter conditions so long as we are convinced of his presence.

“To argue that internal or mental worship is sufficient, is but an excuse for an outraged conscience. For mental worship alone ends in sentimental reveries which cannot stem the pressure of passion’s tides.

“The magnificent cathedrals and the elaborate ritual which religion employs is for the purpose of expressing in physical terms our mental prayers and aspirations. The wax candle is a simple example of this physical expression. The wax, being spotless, represents Christ’s most spotless body; the wick enclosed is an image of His Soul; while the glowing flame typifies the Divine Nature united with the Divine Person. And again the colors of the vestments worn on various occasions typify the spirit of the season. White denotes purity, innocence or glory; red is the color of fire and blood, saints and martyrs; purple is expressive of penance; black denotes mourning; green

designates growth and increase and is symbolic of hope.

“The subjective worship which we observe in the individual is also due God from all individuals taken collectively, from organized society. For God is the primary source of all just laws, and from him they have their binding force and final sanction. Public worship is therefore a duty incumbent upon every society which acknowledges God as its Creator.

“If God need not be worshipped mentally and physically by man and by society, then the atheist and the anarchist are, at least, logical when they refuse to obey the authority of their rulers.

“If one takes away the sovereign authority of God, the foundation of all authority on earth is automatically destroyed.”

“Granted the duty of Divine worship, what necessary connection is there, between religion and morality?” I said. “I know many men intimately who are moral but not religious.” My friend remained silent for a moment as though he were attempting to compress much into a few words.

“All acts are referable to the Creator,” he began, “those which are immoral as well

as those which are moral. In the former case however, the Creator's co-operation is merely to the physical entity of the act, which in itself is neutral, being neither good nor evil. The morality of the act is dependent upon the free will of the actor.

“The Creator's will is the creature's law. In beings that are devoid of reason this direction finds expression in the physical determination of their specific powers, whereby they are constrained to act in a certain pre-defined way from which they cannot swerve by so much as a hair's breadth; but in beings endowed with intellect and free will, this same direction assumes the form of a law, enunciated by the practical reason, which manifests at once the existence of the law and its binding force.

“The law thus enunciated is the moral law, to which man's actions must be conformable. It is a law written in the intellect after the manners of knowledge, and communicated to the will as a moral obligation. It leaves man indeed physically free, yet morally it binds him to a line of conduct from which he may not swerve. The binding force of this law is identical with the binding force of the Creator's sovereign will

for it is but the manifestation of that will in rational nature.

“Religion and morality are therefore inseparably linked. Morality is the fruit which grows upon the tree of religion. Religion searches the heart, morality registers the external evidences of our acts.

“The most that human nature can do is to suggest rules of propriety; it cannot make laws or formulate precepts and what force is there in rules of propriety? We have before us therefore a double task. First, to strive to know the Creator better; second, to train our will to follow His laws. To know God is to love Him, and to love Him is to obey Him.

“The will is guided by the understanding, not by its own light.

“God made man for no other reason than His own intrinsic goodness. Boundlessly happy in the possession of His infinite perfection He wishes to share this with creatures made after His own image.

“Man exists for the sole purpose of knowing, loving and praising God.”

As he concluded, the silver notes of a lofty bell rang out over the garden, echoing from the distant fields and meadows on the

wings of the evening mist. Silently we left our seat and were soon lost in the shadows of the cloister.

Chapter IX

GENERAL PRACTITIONER AND SPECIALIST.

FATHER called for me and I hastened to meet him. He had a hurry call to make to Mrs. Doleson in Tuckahoe and was starting early, having just received a message from the sick woman. Charlie had hitched up the best team and father nodded approvingly as he took the reins and stepped rather heavily into the rig.

The horses were rubbing each other's noses and stamping nervously on the gravel, but they lunged forward as they felt the familiar tug on the bit. Off we sped into the morning. The fresh cool air fanned my cheeks and the horses' hoofs fell rhythmically on the soft country road. Father seemed a trifle anxious. I reflected that he had known the Dolesons so long, that illness there made him feel almost as though one of us were sick.

It was May, the nesting robins called to us from the dewy lawns. The fields were yellow with buttercups and as we drove through the country, the beauties of apple blossom season were upon us. Who can forget the delicate fragrance of apple blossom time, the white petals blowing across the

road, caught here and there in tiny drifts like snow, and the budding trees, from which they have been blown, all white and pink against the cloudless morning sky.

Arrived at our destination, we were met by the dogs which ran leaping at our carriage wheels. Mr. Doleson was at the door, anxious and pale. He met father with a serious face and both disappeared within the house. It was a long wait out there under the elms and I gathered from the bustle which I beheld, that this was a baby case.

Finally father reappeared with Mr. Doleson who seemed very much relieved and as he shook his hand he said, "Kiss your wife again for me, John, she is a noble little woman." I smiled when he said this for father had an old-fashioned paternal way of kissing a woman after he had delivered her. This salutation even though entirely dignified, being sometimes resented by the patient's husband.

The old time general practitioner watched his boys and his girls grow up. His visits which were usually of a semi-social nature often assumed the character of a court of justice. Domestic questions large and small were freely discussed and the doctor of medicine often played the roll of the doctor of law and the doctor of divinity as well.

The interior complexities of his patient's life having become apparent through the confidences imparted to him, the physician saw the man with whom he had to deal as well as the disease. By virtue of this breadth of vision, he could intelligently treat his patients for mental as well as physical defects.

The unreserved and continued confidences of his patients reflected themselves in the doctor's opinion of himself. It is not difficult to consider one's self an oracle when the world dings it incessantly in one's ear.

So under these circumstances the ideal conditions for successful suggestive therapeutics obtained e.g. a receptive patient, a physician conscious of his power and experienced in making this manifest. With a normal amount of common sense and judgment, the efficiency of the general practitioner increased with his age. The process being something as follows:

As the confidence of his patient increased, the physician's self-reliance became enhanced, and as this self-reliance augmented, his powers over his patients became greater, the extent of this cycle being varied by the physician's personal capabili-

ties and the character of the community in which he labored.

We do not intend to disparage this power, rightly used. We merely wish to hold it before our observation, for it was this power understood and relished by its possessor which enabled him to endure the hardships and the failures incidental to his particular sphere of activity.

The general practitioner of the old days by reason of the sense of capability with which he was inspired by his patients, became a sincere believer in his own methods and his drugs. For him, the medical world was made to revolve within his own orbit of interests. Thus did incompetency frequently become obscured and a contented sense of security and peace assuaged the qualms of the medical conscience.

The general practitioner of a generation ago is by no means extinct. He still does good work quietly and effectively in the rural districts. His methods have changed to keep pace with the progress demanded by modern medicine. If these advances do not come home to him through an occasional post-graduate course in one of our large cities, it is thrust upon him by the home-coming of his son, or his neighbor's son, who

has just finished a service as an intern in an up-to-date hospital.

Contrast the old general practitioner with the present day practitioner which we know so well. The sick call no longer comes by a messenger. The telephone will hunt us out in the most unexpected places. The visit which once consumed a leisurely two hours is now accomplished in twenty minutes. We have more time to do more work, to make more money, which buys less, than the trifle which our fathers so leisurely gained. If we deliver a woman of a healthy child we are agreeably surprised to have this family call us again and stick to us with any degree of consistency.

How many city practitioners of today can go over yesterday's list of calls and point to the majority of these as old acquaintances. Bills for professional services were once rendered annually or semi-annually. Imagine this system practiced at the present time, with the greater part of our population mobile. Apartment house dwellers, short term lessees with an occasional owner make up the personnel of the urban man's clientele. These externals, we must admit, profoundly affect the character of the general practitioner of our day.

A shifting population implies a reserved

population, skeptical, unwilling to trust itself by confidences or by asking for advice other than that bearing strictly upon the matter at issue. This reserve, this unwillingness to place oneself in the hands of his doctor, makes it impossible for the latter to measure justly the patient and the mental symptoms of his disease.

The man's importance as an entity is allowed to diminish and the disease *per se* to increase until finally there comes a point, which we shall see, in which the patient is practically disregarded and the disease alone becomes the issue.

By denying the practitioner this personal knowledge so necessary to a well-balanced diagnosis, the patient also withholds that personal homage which we have pointed out as reacting to increase the doctor's confidence in himself and his work. As one may be convinced that he is an oracle by the pressure of opinion so one may lose confidence in himself by a continual display of skepticism on the part of those whom he serves. This loss of confidence soon becomes apparent to the patient who is thus deprived of the value of suggestive therapeutics.

We have noticed that this sense of success, of power, of well-being which is the

chief joy of the old-fashioned general practitioner is denied the practitioner of today. Furthermore the dwindling of the patient's personality and the consequent magnification of his disease fixes the medical attention upon the material, rather than upon the spiritual part of his nature.

There must be compensation for the trials, anxieties and failures which are inseparable from the practice of medicine, and since this is not to be had in the satisfaction of power and personal help to friends it is sought in the scientific aspect of the case and in the pursuit of riches.

We are familiar with the man who puts his whole heart into a vain effort to become a wealthy general practitioner. We know the temptations which beset his path and the result — failure.

The general practitioner who looks to science to compensate him for his labors, soon finds himself confronted by such a tremendous field that he needs must confine his energy to that which interests him most. In focusing his attention and his activity in one corner of the field of medicine, he eventually becomes a specialist in thought if not in practice.

How then may the general practitioner who is denied the power due him, who does

not covet wealth and whose inclinations are not those of the scientist, find compensation for his labors in the practice of medicine? There is a compensation mostly overlooked but greater than the other three, and that is the spiritual pleasure of sacrifice, that solemn sweetness which floods our being when we see the fruit of our pain.

The dressing of a wound, the setting of a fracture or the word of sympathy to our patient, can bring reward. If we but bear in mind always the fundamental truths, the ever present spiritual soul, its dependence upon and obligation to its Creator and specifically our dependence on and obligations to our Maker and to those under our care.

In this compensation will be found a deep joy and consolation. The barren tenement with its dying inmate and the weary dispensary clinic will blossom with a fullness of solace surpassing all expectations.

The specialist as we have seen is a general practitioner who has concentrated his energy and interest upon the development of a particular branch of the science of medicine. The specialist is usually the result of some years of general practice. He is often the dissatisfied general practitioner—the practitioner who has been denied the

place in the community which the "older man" enjoyed. He, therefore, sets before him the goal of regular hours and compensation commensurate with his labors and experience.

The contrast between the specialist and the city practitioner is not as marked as is that between the country practitioner and the specialist. In the former, we find a constant inclination to develop a particular line of work and to pass from general practice to specialism. In the latter, the extremes are greater and tend to permanence.

We have found the old-fashioned general practitioner and the country doctor of today, the friend and counselor of his patients. The man always occupied the first place, then came the disease. Personal friendships and reciprocal esteem were fostered, often at the expense of the scientific aspect of the case.

With the specialist the opposite extreme often prevails. The man becomes the mere vehicle for the disease. The pathology of the condition and the treatment desirable, occupy the center of the stage. The material aspect predominates while the spiritual fades into a background of unreality.

This intense application of predetermined mechanical principles to the treatment of purely objective abnormalities irrespective of the subjective symptoms of the patient, constitutes a grave peril for the helpless public, particularly to the poor who throng to the out-patient department of the hospital.

The gynecological specialist in the clinic, for example, may keep a sharp look-out for lacerated cervices. He will collect all of these cases and send them into the "house" when he comes on service, and can do them himself. In this way he can accumulate material for a paper on a new method of repair with a hitherto unknown needle carrying a special variety of catgut. The patient is practically ignored save as the possessor of an interesting cervix. The vital importance of her state in life, her age, the likelihood of her bearing more children, etc., is submerged by the greater importance of having her as material for operation.

It is not at all uncommon to find a patient operated upon for a condition which never caused her the least trouble and indeed which she never once suspected. We find cystoceles and rectoceles done, for the simple reason that the geography of the part may be improved.

Every field offers these extremes of specialization. The nose and throat man with his speed and his concentration of technique, the anaesthetist who forces unsuitable anaesthetic agents and methods of administration, the obstetrician who does a caesarian when the progress of labor is delayed, the abdominal surgeon who removes a colon to cure constipation or who does a gastro entresotomy whenever an opportunity offers, the medical man who orders a complete extraction of all the teeth in his patient's head with the hope of curing vague bone pains, such are the extremes to which specialism leads if good judgment and restraint are not constantly employed.

There was a period in the world's history when unnecessary operations were punishable as crimes. Unfortunately these penalties no longer exist to deter the ambitious surgeon.

We have considered the vicious effects of specialism. Let us gaze for a moment upon the benefits which it has brought about. In a nutshell, the advances in medicine owe their inception to the specialist.

If it were not for the arduous labors of the nose and throat man, the diseased tonsil would never be removed, and the seasonal attack of quinsy would not be checked; the

lacerated cervix in the middle aged woman would continue to become a cancer; the cystic ovary would remain undisturbed; the cystocle would have permitted uninterrupted incontinence; the anaesthetized would lose consciousness as in the old days, by passing through moments of acute suffocation and extreme mental agony; the patient with pus sacks at the roots of teeth, hermetically sealed with gold caps, would carry her chronic joint disease to the grave; the cancer patient with constantly recurring intestinal obstruction would die before his time; and the woman with the contracted pelvis would lose her baby and possibly her life.

We must look to the trained specialist for a method of curing cancer, for the extirpation of infections and contagious disease, for the correct method of prevention as well as the successful cure of disease. The admonition, "Whatever you do, do well," finds its practical expression in specialism.

While specialism sharpens diagnosis and treatment in the particular field involved, it should not be allowed to do so to the exclusion of a general physical diagnosis. The nose and throat man should be familiar with any existing abnormality in the respiratory, gastro-intestinal, genito-urinary,

nervous or circulatory systems. He should know the conditions of the muscles, bones and joints, and the nature of skin lesions, if present.

He should be able to interpret the patient's facial characteristics, and the significance of a temperature curve. Improvement can only come through ideals. The constant appreciation of ideals, however, seldom attained, is justification in itself.

Twenty cases may pass through a man's office in two hours. The pressure of the actual treatment may preclude a complete study of each case. Yet if this condition be appreciated by the physician and the desire for improvement is there, the man is actually progressing, but without the will to amend, advancement is out of the question.

The nature of a specialist's labors forces him almost automatically to take care of the scientific aspect of his work. By mere consistent applications he can become mechanically proficient.

But in the midst of this concentration, he must look about him or he will cease to realize that he is essentially a physician. His duties are primarily directed to the relief of the man or the woman who is his patient. He cannot pass this obligation to the

general practitioner who referred the case to him, and who is to take subsequent charge. If he would do his best work to his own satisfaction as well as to his patients, he must assume all obligations.

The patient's personality should afford the background upon which the doctor's scientific work is laid. The poor scrub woman is likely to interpret a gracious manner as a lofty cynicism, while a kind hearted solicitude directed to my lady is as likely as not to be judged an impertinence. The physician who slaps his patient, the mechanic, on the back, is not likely to get on well with the man of affairs, if he applies this method.

And so we find the character of a man's practice dependent to a large extent upon his personal qualities rather than upon his scientific skill. The hard working, capable, but uncultured man will develop a large practice but his patients will forever remain within his own class. He repels his social superiors by personal mannerisms of which he is quite unconscious. The man of culture on the other hand may have a much smaller clientele, for those of his own kind are usually in the minority and he, too, repels those whom he would often serve, by his natural aloofness which is interpreted as snobbishness.

Exceptions frequently occur, however, for we see the man who mixes his tenses and who is careless to a point of slovenliness rise to eminence and esteem, through the sheer strength of his intellect. We also see the man of culture whose nature will enable him to be all things to all men.

As true culture, however, is culture of the mind, rather than a manner of speech and sartorial success, this, like any other knowledge may be acquired by first appreciating its significance and then applying one's self to its attainment.

And as true culture is based upon the consideration of others, so is this consideration of others founded upon the moral law and the moral law in its turn upon our Creator, the Source of all law. It is not difficult then to trace the elements of success in general practice and specialism to its Fountain Head.

The practitioner owes his power and his success to his acknowledgment of his patient's individuality, of his inherent spirituality. The man with little culture may acquire this in its fullest sense by a practical application of the moral laws. Consideration for others soon becomes a gracious courtesy, which crowns a man's manners as well as his speech. The cultured man by

applying the sesame of morality opens the door of the heart of his poor and may employ in their fulness the inherited graces with which he is blessed.

By a confession of immortality the general practitioner finds a solace which neither power, wealth, nor science can give. By the same acknowledgment the specialist is protected from the vicious extremes to which he is exposed; he views his labors as those of a physician, rather than those of a mere technician, and thereby avoids the pitfall of crass materialism into which he may otherwise fall.

Chapter X

THE PHYSICIAN AND THE NURSE.

JUDGING from the attitude of some medical men it would appear that to don a nurse's uniform puts a girl beyond the pale of courtesy and consideration. By this particular type of man she is assumed to be a mere mechanical device, endowed with intelligence, whose being was conceived and brought into action for the sole purpose of obeying his orders.

It must be remembered that a nurse is a young girl or a woman endowed with all the charming and irritating qualities normally possessed by women. She has been trained, it is true, to suppress her individuality, to obey orders and incidentally she wears a uniform, but unless she is accepted in the spirit of a co-worker in the case under treatment, her natural womanly pride will rise up; and resentment will gather to break forth in the most unexpected places.

Some men deliberately plan to get service by inculcating fear, the fear that comes in the dread of being publicly ridiculed. Service can be had by this method but what of its quality and its sincerity. Human nature is not angelic. And while some are so gentle and charitable that they can overlook a breach as nothing else but a mannerism,

others will be wounded by injustice. The scar will remain in the mind and when opportunity arises, woman's ready wit will find its revenge.

This is no mere philosophising, watch it in action. See the surgeon enter the operating room. Many pressing annoyances are upon him. He has held himself under control, until now. Prudence has forced him to do so. But here at least he is at home. Master of the surgical situation, he imagines himself master of souls who have associated themselves with him for the accomplishment of a great end.

A slight lapse in technique and the unfortunate nurse is upbraided. A second lapse, this time the result of nervousness, the operation is momentarily suspended, a deliberate stinging ridicule is aimed directly at the culprit, and in the painful silence which ensues the eyes above the mask either lower and swim in tears, or meet the gaze of condemnation with a cool, steady gaze.

The mouth is mute through discipline but what of the pent up emotion surging beneath. The pain and the insult are never forgotten by the nurse and woe betide the surgeon who has allowed his passion to

vent itself thus, without the excuse of a gross and wilful neglect of duty.

A great surgeon or a great physician, by no means implies a great man. For the man who is the servant of his passions promptly loses the respect of his fellow men. His wit may dazzle and confuse us. His dexterity, knowledge and experience may win our admiration; but he cannot claim our trust or our affection if he allows a quick temper to take charge of a critical situation and adds the burden of his remote anxieties to the weight of existing pressure, for no one can love or trust the caprice of passion.

It behooves one therefore to bear constantly in mind the fact that every nurse is a human being, that the probationer demands consideration as well as the white nurse.

We have considered one extreme, let us look for a moment at the other. We see quite frequently the man who seems to forget that he is by his training an officer in the army of medicine. We see the doctor who sees first the woman, then the nurse. To put the matter mildly, this is embarrassing and destructive of discipline. The nurse has the privilege of reserving her individuality to herself. The nurse's uni-

form does not offer the privilege of familiarity to any physician who may care to take advantage of it.

The medical services of the nurse are at the doctor's disposal and nothing else whatever. The nurse is under no obligations to be sociable or entertaining. It is entirely within her rights to remain strictly conventional. For a medical man to thrust his acquaintances upon a strange nurse by a flippant remark or ill advised pun is to trespass upon the sacred precincts of her personality. To ignore a nurse's natural line of defense thus, and to rush into her privacy is to excite mild astonishment followed by contempt.

Furthermore the medical man is unconsciously placed upon his defense to prove his present authority and worth. The profession as a whole is lowered in the opinion of the recipient of these attentions. We are familiar with the liberties which the houseman is sometimes tempted to take.

Newly graduated, he feels the power of his position and often oversteps his immediate authority. He learns this rather soon in his career, much to his chagrin, or what is worse, familiarities thus introduced may be accepted without resentment.

The dignity of the house-man automatically disappears and discipline is lost. The house officer who thus allows himself to overstep the privileges of his position soon finds himself relegated to the position of a medical student, without authority, the object and participant of silly controversies and flirtations.

The visiting medical man in the house and sanatorium who assumes these liberties does so at his peril. For although his nurse is beholden to him for her position, yet she is quick to note his shortcomings and will often quite unconsciously play upon these.

The nurse then is to be accepted as a serious helpmate in the task which lies before us. She is to be made to feel her share of the responsibility in the care of the patient. The physician should not hesitate to establish the common bond of medical knowledge which exists between himself and his assistant. The attention of all concerned in the case must continually focus itself upon the good of the patient and the work in hand.

Should the personality of the nurse permit of pleasant exchanges of sociability this adds a flavor to what may otherwise prove a very dreary task. To realize and remem-

ber that the nurse is a woman not an automaton is to sound the keynote of mutually pleasant and successful teamwork.

Much stress is laid upon the theoretical knowledge required by the nurse. This becomes of secondary consideration when compared with the will and the ability to do precisely as she is told, no more, no less. Routine mechanical acts, well done, not only as regard skill but as regard tact and gentleness, are of far greater value to the medical man than a more or less exact understanding of the pathology of the case.

The physician does not need the nurse's help to understand his patient. What he does need is a trained eye which can report symptoms as they occur and capable willing hands to do what is necessary to care for and treat his patient.

As the nurse is nearer to the lay point of view than we medical men, it is not surprising that she should revert to lay standards rather than to standards of medical or surgical excellence. We are looked upon as very smart men, because of some college connection which we possess.

We are very great surgeons because our name is in the mouths of so many and we send all of our work to one institution. We may be looked upon as a severe man or one

very easy to get on with. We may be set down as a crank or an everlasting dawdler. Our methods, our skill, or our theories make little or no appeal for they are seldom grasped, to say nothing of being appreciated.

The most astonishing product of the nurses' training school is found in the outlying districts, in our suburban towns. The actual amount of work done in some of these institutions is so scanty and scattered that it may be looked over and fully appreciated from every conceivable angle. The romance of medicine, the horrors of accident and diseases are dwelt upon at leisure.

The probationer enters such a school with a well trained and well sustained reverence and awe. This admiration for her work reflects itself in her attitude and she in turn feels it her duty to impress the layman. Witness, therefore, the absurd officiousness of the nurse of the suburban hospital whose manners have not been softened by wiser heads.

The nurse of the large city hospital like the well educated man, has been humbled by the knowledge of how much there is to learn and what a very small part of this knowledge can ever become hers. She has no leisure to meditate for long on an indi-

vidual case for there are so many pressing forward to receive attention. If she shows herself officious this may be traced to an intense respect for her school or her hospital, the fame which she attributes to herself.

Professional secrecy is in the hands of the trained nurse. How many physicians make it a point to impress their nurses with this obligation to their patients? When a nurse enters a patient's home or meets her in her private room in the hospital, she is accepted as a confidant.

She is witness to the most intimate occurrences and is bound not to divulge these. We are often tempted to chat with a nurse over the dead bones of our brother practitioner's mistakes and omissions; in doing so we expose weakness of which advantage is often taken.

The nurse has become an indispensable member of the surgical team. We cannot do without her. Let us, therefore, treat her with the kindness and consideration due her. If we have irritation to dispose of let us find some other outlet. The nurse is at our command medically not socially. Whatever sunshine she may throw over our work is hers to give or withhold, not ours to com-

mand. A little light-heartedness sometimes goes a long way in renewing our efforts to do the very best that we know how to do.

Chapter XI

PROFESSIONAL FEES.



THEORY and practice in regard to professional fees are often at variance. The mere setting forth of a principle as right and just, does not imply its cheerful performance. It is probably generally conceded as an abstract truth that the graded income tax is just and reasonable; that the man with the large income should bear the burden of the government's expense. Yet, how few capitalists pay their tax without resorting to various subterfuges to reduce their share. How many, indeed, would pay their share if there was no penalty for non-payment. The natural tendency of mankind seems to be to avoid obligations to which there is no penalty attached.

The legitimate medical profession may well be compared to the government as regards its support and maintenance. The profession is essential to the community. The very fabric of present day civilization would crumble away if the medical profession were suddenly eliminated. The health boards, public hospitals, and dispensaries are but the grouped activity of the individual practitioner and specialist. The attitude of the profession has always been,

service first, then remuneration. The physician risks his all, his time, his energy and his reputation. The patient risks nothing and has everything to gain. Is it unreasonable then that the profession should look to the community for its support? Is it not just that this support should be of a liberality, consistent with the service rendered? Can we consider the profession as liberally paid where the average income of the physician is scarcely sufficient to support his family and himself in health and disease?

The poor are treated without charge, the man of modest income pays his way cheerfully enough. But when the wealthy are asked to do their share in the same manner in which the Government asks that its tax be paid, the request is denied. And since the profession has not the power to impose a penalty the obligation falls to the earth. A fee is paid conformable with that of the modest income, the wealthy escape, and the profession is deprived of that medical surtax which is essential to its greatest development and activity.

Let us go to the office of the man who wishes to support this principle. We ask him his fee for a contemplated operation. He will reply as follows: "I do not know your circumstances, but I know that you

are sick. I think you need an operation. I will send you into the hospital. The cost of your stay in the hospital will be as follows: Your room will be so much; your nurse so much; and your incidentals so much. I will operate and I will take care of you until you are well. When you are discharged, I will render you a bill which I think is within your means. If I am correct, I shall expect you to pay it. If I am mistaken, I wish you to show me my mistake."

If we press the surgeon for the amount of his fee and he names it without complete knowledge of our circumstances, the result will be either to his advantage or against it, in any event it will be unfair. But even in the face of this justice, will the man of means accept the obligation implied? If he can convince himself that another surgeon is just as able, will he not by force of habit, practice economy and seek to avoid his full responsibility? The difficulty lies in the glaring fact that medical men do not act together. As individuals they are constantly obliged to undersell their services to the wealthy for the privilege of holding them as clients.

If we have learned to care for our money through several generations of wealthy ancestors, we go to another surgeon on the

same block. When we ask him his fee, he names a minimum and a maximum stating that his charge to us will depend upon so and so, which it is impossible for him to foresee.

Finally we bethink ourselves of a third man of our acquaintance. This man is very definite in his views. "My fee is so much for a simple operation, if such and such complications arise it will cost you so many dollars more. I don't care how much money you have. This does not interest me in the least, except inasmuch as it will probably be easier for you to pay my fee." As we can easily pay the fee set, we are tempted to engage the last man. The obligation which is ours by reason of our wealth is easily overlooked and we congratulate ourselves upon our business acumen. But what of the poor patient who comes for treatment the following day? Can she ask or expect the surgeon who receives a modest fee as his maximum to do her work for nothing? On the other hand can we imagine a man who has a set small fee who will fail to feel the imposition practiced upon him by the extremely wealthy individual who comes to him because he is cheap?

It has been said that a good friend is worth more than a large fee, that anyone

can get business but it is only the occasional man who can keep it.

Among the wealthy, we find two classes; the newly rich and the family which has inherited its wealth. It may be stated as an axiom that the man of small means who has made a great deal of money easily, by the very nature of his acquisition loses his sense of proportion. He thinks in terms of thousands, and tens of thousands; and concludes that since it was so easy to acquire wealth, the performance may be repeated with little difficulty. This is the class of rich patients who pay almost any fee demanded without question or comment.

A man of the same means who has accumulated his wealth slowly or who has been reared frugally in an atmosphere of wealth is an entirely different proposition. A thousand dollars to him is a definite amount of money with a purchasing power well understood and appreciated. He feels a certain moral obligation not to squander his money; and will resent what he considers an excessive charge.

In reiteration then, the physician who proposes to demand a fee from his wealthy clients, proportionate with their income, must have achieved a distinction in his particular line of work unequaled by his im-

mediate confreres. He must offer services not readily obtainable elsewhere, otherwise he will find himself gradually abandoned by his wealthy patients. These will find their way to other physicians who are his equal in skill but not in exactitude, regarding the matter of fees.

The physician who is not clear in his charges, who veils his intention of holding his patients to their obligations by deferring the issue, not only breeds distrust but suggests the possibility that he is not familiar with the correct attitude which he should assume, and is fighting for time to recover his pose and to grapple with the new situation.

The man who charges a definite minimum fee for his services, automatically excludes a class who are in need of his help but who cannot afford his services. He excludes a class who judge of the value of service by the price paid, but he holds the wealthy who are accustomed to practice economy. If he can secure a sufficient volume of work he succeeds, otherwise he fails, for he cannot fall back upon the occasional large fee to carry him over a quiet period.

The determination and subsequent collection of a professional fee consistent with the income of a patient is not under the

control of all physicians whose privilege it may be to attend such a case. The power to make such a just charge must reside within the physician himself. It is not so much the service rendered as the position of the physician who renders it, his reputation, his experience, his age, his availability, in other words his inherent ability to back up this charge. This power is rarely found in individuals, but has been and is being evinced by groups of individuals who form a clinic. In this case, the charge to the patient is made impersonally through the office.

Some physicians look upon clergymen and religious of their own faith either as capable of paying for services rendered, or as objects of charity. In the last analysis both are at fault. Let us consider the first instance. Charitable organizations—communities of men and women—are supported by a limited number of the public of their own faith. If the physician be one of these why should he deliberately deplete the sustenance of those whom it is his duty to support? What is the object of taking ten dollars from one organization or society and giving it to another? A false reputation for charity may accrue from his beneficence but what of his patient? Is not the gracious gift of personal professional services more

desirable to the patient than the gift of a sum of money which merely represents this skill? Why not make a donation of the first act instead of belittling and deferring it? Clergymen and religious should not be objects of charity. These sufferers are entitled to the services which they receive by virtue of the renunciations which they have made.

Let us imagine a private in an army who volunteers for a perilous, arduous task, a task which is to consume not a few weeks or months, but a lifetime and involves the necessity that he travel light, that he be unarmed in order that his undertaking be successful. Can we conceive of a brother in arms refusing aid when he perceives this volunteer in a "tight place?" Furthermore, can we imagine the man whose good fortune it is to render this aid, offering his assistance in the spirit of conferring a favor, reluctantly and with poor grace? This indeed is the condition of the religious who come to us for help. They are the volunteers in the magnificent army of the spirit, who have offered themselves and all they possess for the sake of their brothers and sisters and the children who cry for their aid. They must travel light, they cannot give of their time to accumulate the world's wealth. They are

driven by disease into a "tight place." Will we refuse to help them and is it possible that we can fall so low as to think we do them a personal favor when we do help them? Yet such is the case: "O! it's only a clergyman or just a Sister calling, let them wait." "We cannot spend much time on this patient for this is a charity case, a Sister." "Sorry to bother you to look over this case, free case you know, one of the Sisters." And this is the manner in which we thoughtlessly and quite unintentionally play our part in the army of eternity.

That this lack of appreciation of the part which is ours in the drama of life is not unusual is shown by the surprise and gratitude expressed by the following letter and the just and reasonable reply. These were translated from the original French and point to a spirit which is well worthy of imitation.

Luxemburg, April 20, 1910.

Dear Doctor Parée: I am in receipt of your gracious note of last week offering me complimentary services in the matter of my operation. What can I say but that I am amazed at your courtesy and liberality? Were I a priest with even a modicum of salary, I would not consent to such kindness on your part. But vowed to poverty as I am, I can only accept your generosity in the spirit of faith and thankfulness. Let me

settle at least for the catgut, even though you waive all recompense for your professional ministrations. Let me do something for material used, and tell me what I can offer for this. If you will not, then name some day in December on which I can offer a special Mass for yourself and your intentions, and so in God's own way I may do something to show my appreciation of your unlooked for consideration of me. With best wishes, I have the pleasure of remaining, gratefully yours,

M. S. Lubin.

Reverend M. S. Lubin,
27 Rue de Matin,
Luxemburg, Belgium.

Dear Father Lubin: Your charming letter of April 20th, expresses gratitude which is not only out of all proportion to my poor services but unique in its rare delicacy of thought and expression. Permit me to explain that you are under no obligation to me whatever. The service which you suffered at my hands was tendered to one of God's priests. Compensation being certain through the divine law, the time of its bestowal alone remains as a matter of speculation, and, to preserve this argument to its logical conclusion, who is a better judge of the most acceptable time than our divine Lord, my creditor. So you see, inasmuch as your personality did not enter into this act you are under no obligation to me. Rather am I indebted to you for allowing me to practice a charity which the dictates of professional frugality might otherwise preclude. Your gratitude is not due me, but to that "sweet source" from

whence all blessings flow. In your thanksgiving may you pray that I keep my soul constantly alert to grace, that I do my charity always with a lively pleasure, seeking always to avoid the material good at the expense of an eternal blessing.

For you see how, even now, I meditate upon your gratitude, your thanks for my little deed; how I relish the human handshake in my impatience of reward; how my little vanities hasten to express themselves when silence and humility would bring their own divine reward.

May I beg you then to offer the Holy Sacrifice on my birthday, December 1st, to the end that the flame of my devotion to serve the servants of God may be enkindled and burn brightly throughout its earthly day.

With every sentiment of gracious esteem, believe me to remain,

N. J. Paree.

Chapter XII

ALPHA AND OMEGA.



AMONG the lay professions, we seek in vain for one which can be compared with the practice of medicine for its pure altruism; its self-abnegation; and lofty idealism.

The sworn enemy of death and its advance guard disease, it fights its ceaseless war with a persistency and optimism worthy of eternal issues. Everlastingly youth is hers, for she sees in her failures her successful goal.

Where may we find a profession which will strive whole-heartedly through centuries to attain an end which when achieved will extinguish its possessor? For the elimination of disease means the elimination of the physician, at least as we know him to-day.

We seldom think of the physician as constantly laboring to undermine the source of his income. Yet such is the case in its last analysis.

We see in the life of the profession the motive force of the spiritual and the purely material, energizing its activities. Let us follow each to its ultimate conclusion. Let us imagine the world of medicine actuated by motives entirely free from the supernatural.

A new era has arrived in the evolution of the human species. The dangers of pregnancy can easily be avoided by simple remedies, for sale at any subway slot machine. Parents who find that they have a sufficient number of children and who have neglected the usual prophylactic precautions may go to the registered abortionist who will curette them for a nominal fee. The race is never more to be hampered by the burden of poorly developed or defective children. If the newly born does not thrive and the mother is disinclined or unable to rear it by artificial feeding, she may arrange upon the payment of a small sum to have it called for and carried to the parlors of extinction, where a painless death is guaranteed.

We no longer find the hospital beds encumbered by the chronic invalids. Cases which have been demonstrated as incurable are made aware of their hopeless state and seldom refuse to take the usual lethal dose of nitrous oxide. Consider the signal advances which we have made since the period when it was considered good surgery to do a mutilating operation for a cancer or to apply radium for long periods. Think of the pain which those patients and their relatives were forced to undergo and com-

pare this with our present method of painless extinction. And then, too, observe the marvelous advances in surgical technique, particularly as regards brain surgery. There was a time when this work was limited entirely to animals. Since the establishment of the "New Institute for the Localization of Sense and Idea Preeptions," all this has been changed. Convicts condemned to death, the mental defective and cases with incurable malignancy supply us with exact material for research, which it was impossible to secure in the olden times.

The mobile extermination unit is as common on our streets as the old-fashioned ambulance used to be. The new Vita meter which accurately determines the probable duration of a patient's life is always available. It is quite reliable, only a few emergency extinctions having been reported as errors.

Radical changes are also to be seen in the hospital field. Institutions controlled by religious no longer exist for the simple reason that now no one is so absurd as to give up his life for a hereafter, whose very existence has been disproved. Homes for the aged and infirm as well as orphanages have disappeared. How simple life has become. We may now demonstrate its destiny in

its fullest growth and greatest activity. The medical problems which we have been unable to meet, we have suppressed by extinguishing their possessors. This has been effective and satisfactory. The physician who is rightly proud of his achievements, may, if necessary, back this up by the splendid physique which he possesses. If he covets the work of another man with whom he is competing he is at liberty to do so and to use any means which his ingenuity may suggest to acquire that which he wishes. Should he take a sudden fancy to a woman under his care, he may take any liberty which suggests itself to him irrespective of the existence of her husband, provided he is discreet and is in a position to defend himself, if exposed. The anger which he may feel if provoked by another's criticism of his work, is a manly attitude and retribution is incumbent upon him. It is perfectly natural that he should envy keenly the wealth and the mental qualities of those who have been more successful than himself. And should success some day become his, what is more natural than that he should drink until he is unconscious and eat until distressed and that he should spend the remainder of his days in sweet idleness and sleep.

Pure science cannot lift itself by its own bootstraps. It may become developed to a hitherto undreamed of degree, but it can never change its intrinsic nature. Such is the ultimate destiny of the atheist.

See on the other hand the sweet, deep undercurrent of the spiritual; activating, maintaining and developing the practice of medicine as we are accustomed to look upon it.

The fundamental object of medicine is to make the body a fit place for the residence of the soul. To prevent and cure disease so that the "man" may be able to do his best work. By recognizing the presence of the spiritual tenant medicine is permitted power over it. By denying this presence, she denies herself this power and the intimate control which it exercises over the physical functions.

It is the tacit admission of the presence of the soul through many generations of ancestors which permits of an unconscious respect for this principle in the minds of those who are now avowed atheists. Christian civilization has impregnated men's minds with spiritual motives through the centuries. So that when we find the materialist possessed of humility, with a liberality towards others and an inherent

respect for the women whom he treats, when we see him meek in the face of irritation, temperate or even abstemious in habits, when we see him giving the other fellow a helping hand, irrespective of any thought of reward and when we see unrelenting diligence in the presence of all that money can buy, we conclude that these qualities are the fruit of the practical Christianity which this man's ancestors once possessed. We see this man's personal decadence in the midst of his inherited worth, because he fails to grasp the ordinary arguments which prove that God exists. Let us reflect upon the reasons which we have for believing in the existence of God.

First of all, we have the universal law of motion. Physics and chemistry have pointed out to us the universality of motion. The molecular motion of the primary elements ranging from the slowest vibration of metals through sound, heat, light and X-ray. Our mental processes also indicate motion not only as oscillations of Nissel's granules but as the exercise of a function. When we think of motion we may think of movement in a direction or a change of state. There must be an initial point of motion and a primary stage. The change from this initial point and primary stage must have come

from an extrinsic source which was itself immovable. This source or prime-mover was the Creator.

The principle of casualty affords us a further reason. If we give a man repeated doses of morphine, we know that in time he will become a morphine habitue. On the other hand, we know when we meet an addict that the cause of his condition was the repeated doses of morphine. The giving of the drug was the cause, the malady was the effect. As the man's condition did not come first and his use of drugs second, we observe a definiteness of direction, of cause to effect. Furthermore, the cause and the effect did not occur, as a mere sequence of events, since the cause furnished the reason for the effect. Our researches have established an underlying unity and order in the causes and effects which we see in medicine. Moreover, we perceive that in addition to the universality and order of cause and effect, there is actually a transference or giving of something by the cause to the effect. Or in other words, the cause contains within itself the essence of the effect.

If we will look about us we will see that nature, the universe, exists, as we know it, through the all pervading orderly play of cause and effect in a definite direction. As

the series of cause and effect in nature cannot be infinite we must finally arrive at the First Cause, who as has been shown, must contain within itself the essence of all its effects. It must be the essence of all power, goodness, and intelligence. This first cause is God.

Furthermore, we find that the conception of God is a necessary truth. We know that there is a wide difference between the ways in which things are felt to be true. For example, in the time of Pharaoh, the builders of the ancient sphinx made their mathematical calculations upon the same basis as we do today. Three plus three meant six, in the same way as they do today. We cannot conceive of three and three ever meaning anything else but six. This is a necessary truth, it always has been, is and always will be. We can imagine, however, that the sphinx might not have been built or that Napoleon might have been victorious at Waterloo, or that we might have attended some other medical school. These truths are spoken of as happenings or contingent truths. Necessary truths do not depend upon extrinsic causes for their existence, they contain the cause. Contingent truths do depend upon extrinsic causes or determining factors.

To what class of truths does the universe belong? Clearly to the class of contingent truths. For it is obvious that the universe did not always exist, and if so, it is conceivable that it might never have existed. We are forced, therefore, to conclude that its existence was brought about by an extrinsic influence. "For true science asks the causes of things and takes as its ruling principle that nothing happens by chance." To ascribe effects to non-existent causes, is to practice the grossest superstition.

"The argument may be summed up by saying that our reason—by refusing to confuse the things which it feels must be, with those which are, but might not be—has a sense of necessity. It thus enables us by demarcation to perceive the quality of contingency, or non-necessity in other works of createdness, which attach to the universe whether in constituent parts or a constituted whole. As such a universe must have for its existence a determinant which is not of itself, there must exist outside of it a Being, self-existent and necessary, upon which it depends. This being we call God."

The idea of perfection sustains the reason which we have found in motion, causality and necessity. Perfection means completion, consummation, wholeness. The diagnosis

which we make, the surgery which we do, the cures which we bring about, all possess their elements of error, they but approach perfection. When we compare the mineral, vegetable and the animal kingdom with man we find relative perfection. And as we are well aware man is not perfect. And so, we see relative worth a universal characteristic. A fact which is relative, is so by virtue of its implied comparison with the absolute. For a relative without an absolute is unthinkable. Absolute perfection is but another name for God. To insist upon the relativity of all knowledge is to exclude altogether absolute knowledge. In other words, it is to remove all the security which we place in our exact knowledge of facts. Furthermore, to insist on relativity is to support the contention of the presence of the absolute, the all perfect God.

The appeal made by the argument of design is readily appreciated by the medical mind. Were a stranger from some distant planet to drop from the skies and view, with an intelligent eye, the Queensborough Bridge, the elevated structure, or the grouped office buildings of Manhattan, he would be forced to conclude that they did not occur spontaneously, that they were the crowning achievements of an intelligence or a group of

intelligences, and that they were necessarily conceived before being constructed. How, then, can we, in viewing the solar system, the life of a plant or the organized community of a beehive, refuse to see the evidence of an intelligent design? How can we look upon the amazing complexity of the human organism and fail to appreciate the marvelous harmony of organic function? We strive to understand the minute details of the respiration, of digestion, the circulation, the gastro-intestinal, and the genito-urinary tract, and when we have learned the histology, the anatomy, the physiology of man, we are content to leave him thus with never a thought of the meaning which lies behind the exquisite adjustment of the elements and organs which make up his being.

“Symmetry and construction are characteristic of nature. Man’s machines are fitted together from the outside. Nature’s machines are fitted together from the inside and by the forces which permeate them. Self-adaptation and the transformism of evolution but confirms the presence of an all-directing intelligence. A blind force does not contain within itself the all intelligent design of the universe. An all-wise, all-knowing God is the only possible source.

Law and conscience support their origin.

Our reason tells us that certain things are true or false. Conscience voices the conclusion of reason by dictating that a thing is right or wrong. This distinction we feel is not arbitrary or conventional but rooted in the nature of things. We know for example, that three and three make six, that this truth can never be altered even by a solemn meeting of a league of nations. In like manner, there is a law of right against wrong, which in its ultimate principle is unmistakable. Reason may apprehend the existence of God in two ways — either by looking back at Him as the First Cause or looking forward to Him as the Last End. The one tells us that we were made by Him, the other that we were made for Him. It is out of this second or final perception — viz., that we are made for goodness, or for God as our end — that comes the judgment of reason of what is or is not in harmony with our reaching it, God's pleasure or displeasure, as we call it — and the sense of sin or justice with the practical "ought" or dictate which we name conscience.

The light of reason, in its true domain, and in its primary principles, whether turned backward to God as our first beginning in the revelation of our origin, or forward to God as our last end in the

revelation of duty, remains the true Schekinah of the presence of God—the Alpha and Omega within us.

The ontological argument will appeal to those of us who are of a philosophical turn of mind; the ontological proofs of the existence of God are generally felt to be abstruse and profound and require philosophical training for their proper appreciation. The argument revolves about being as contrasted with nothingness. It is adduced that being is not only necessary but eternal, infinite, one and immutable. A bridge between the ideal and the real is discovered which is found to substantiate the argument of design.

It is in His absolute and transcendental unity containing the reason of all things—and not in our poor fragmentary universe of things below—that we find the term of true monism with which our unity loving souls crave to finish up the synthesis of all that we are and all that we know. He is the Eternal Mono.

And lastly we have the appeal of the aesthetic. The idea and appreciation of beauty depends upon unity and variety. The most beautiful is that with the greatest variety, or muchness-of-being or wealth of formal entity.

The absence of unity is chaos. The mind itself is an active unity, active with the highest kind of life, which is intelligence. Intelligence is living unity with the power of reading unity and all things by their unity.

There is a very close connection between intelligence and appreciation of the beautiful. The conception of beauty is more easily recognized and relished the higher we ascend in the scale of the cultured and refined mind. If beauty be a hand-writing upon the open page of the universe which only intelligence can read, it must also be one that only intelligence can have written.

“All beauty is the appeal to our intelligence from the Supreme Intelligence—the Infinite, Whose Oneness is the source of all unity whether thinking or thinkable and whose fullness of being is the source of all wealth of variety. The beauty which we perceive is the shadow of the Infinite Beauty cast upon creation, and the only reason why one thing is more beautiful than another is because it has more of the joy-giving likeness of God.”

We may then prove the existence of God through the fact of motion, casualty, necessity, perfection, design, law, ontology, and the aesthetic. “But physical experience

is naturally limited to physical phenomena and modern science does its work wearing spectacles which by their very nature cannot carry beyond secondary causes. To all the experience of sense-perception, the First Cause must remain invisible and inaccessible. God cannot be caught in the tests of the laboratory any more than He can be formulated on the blackboard. And that not because He is not, but precisely because He is, and is what He is and must be. A God that could be so detected by sense, or compressed into a finite formula, would be within measurable distance of us, and upon the upper end of the same intellectual plane as ourselves—He would certainly not be the First Cause, would not be the Necessary Being, would not be transcendental—all of which are but so many ways of saying that He would not be God at all. When, therefore, certain men of science tell us that in all their chemical or biological researches they have failed to find the faintest trace of a Supreme Being, we can only say that no one in possession of their senses ever imagined that they would or could, and that their testimony can only be welcome to us as their contribution, helping us in their way, to prove the transcendentalism,

or what Scripture calls the invisibility of the King of the Ages—a quality which we feel to be one of the most necessary in the elements which enter into the concept of God.

It seems to be out of fashion nowadays to even allude to God or the spirituality of man. The man who opens such a vein of thought finds himself *declassé*. To think much on the supernatural is to know something of it. Knowledge, by the sheer beauty of the object which it contemplates, turns to love. Love for the spiritual creates a fire within its possessor which is its own energizer, consuming the base with which it comes into contact and giving rise to yearnings which can only be appeased by spiritual joys.

Science alone cannot alleviate our wounds. Science, the handmaid of the supernatural, glorifies itself by this betrothal and prepares the way to the rational relief of the abuses which perplex and destroy the ideal medical life of the individual and the institution.





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